

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundell</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Jan</i>	Day	<i>15</i>
Age	<i>33</i>	Years	<i>11</i>	Months	<i>18</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth place	<i>Howard Co. Md.</i>
Occupation	<i>Electrician</i>	Where Residing if not at place of death <i>A. A. Co</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Barrie R. Anderson</i>			
Father's Name	<i>Isaac C. Anderson</i>			Father's Birthplace	<i>Howard Co. Md.</i>
Mother's Maiden Name	<i>L. C. Gates</i>			Mother's Birthplace	<i>Howard Co. Md.</i>
Name of person giving information	<i>Barrie R. Anderson</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary *Fracture of Skull* How long *Half an hour*

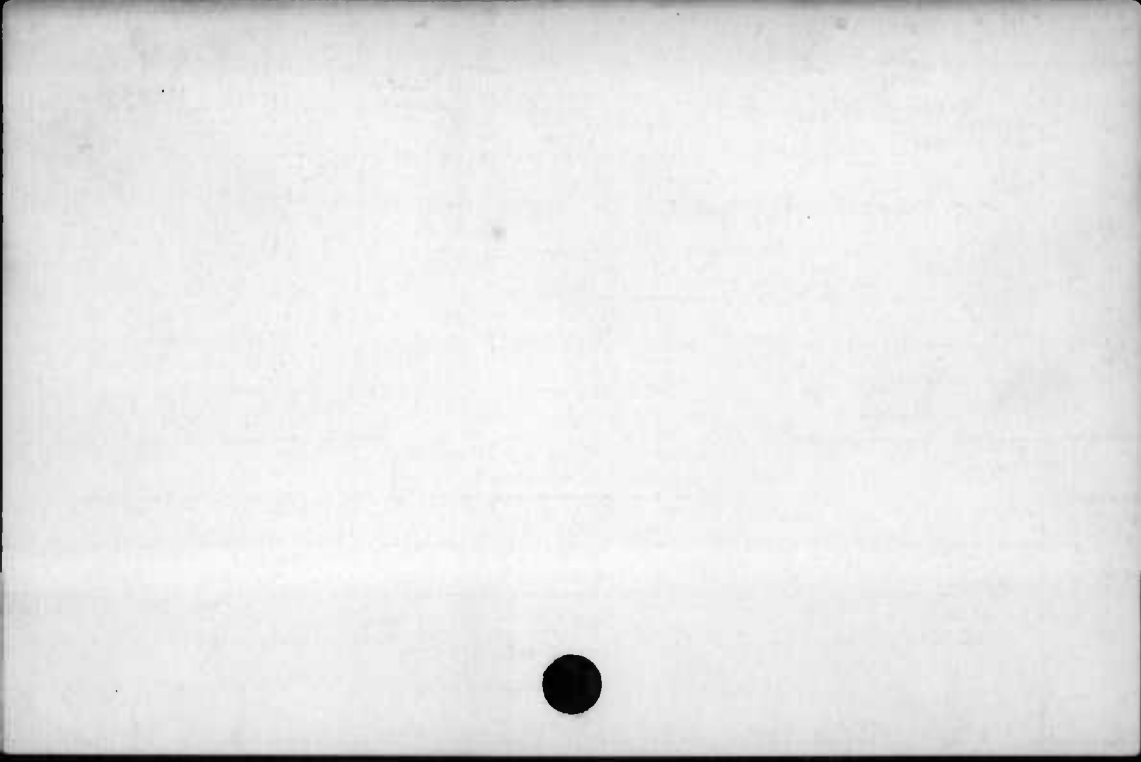
Immediate *—*Are the name, age, sex, color, date and place correctly given above? *Yes for a*

Signature of Physician

Address

Accident or Suicide?

*Accident*



Name  
in  
Full

## CERTIFICATE OF DEATH

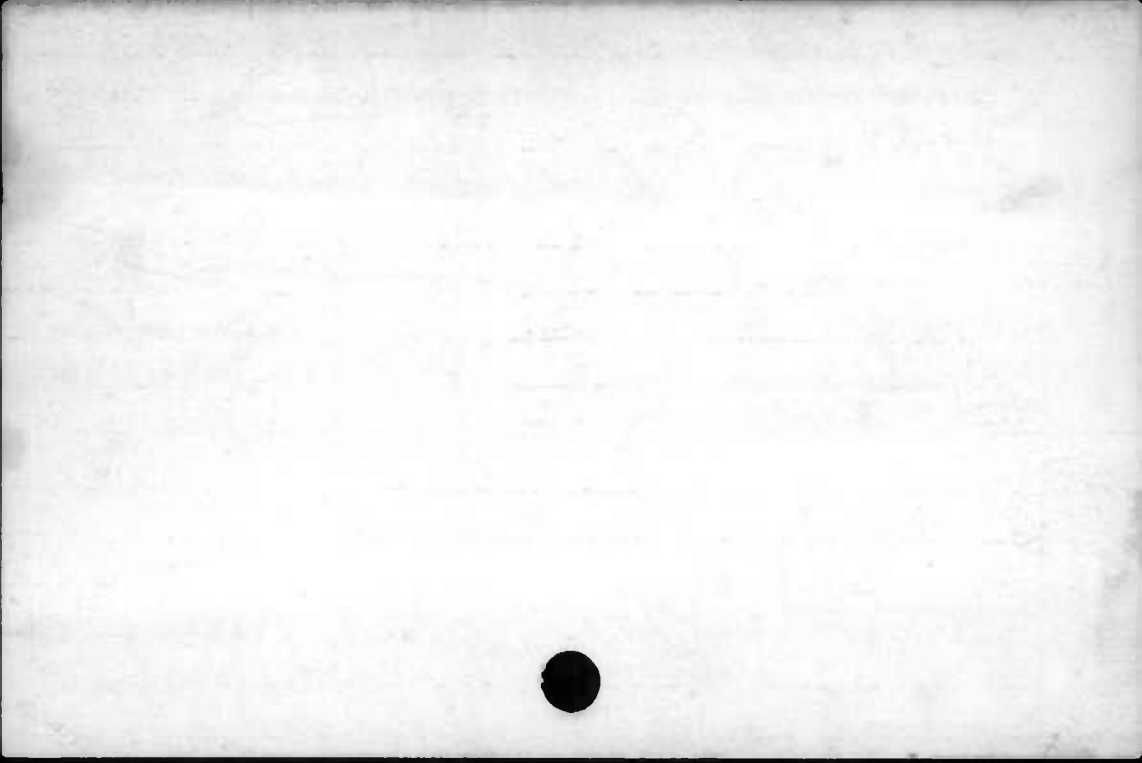
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Arnold</i>		Town _____		County <i>Anne Arundel</i>		MARYLAND	
Died at _____		Date of death <i>1906 Jan 29</i>		Age <i>53</i>		Months _____ Days _____	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Laborer</i>		Where Residing If not at place of death <i>609 E. Clement St. Baltimore</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary A. Arnold</i>					
Father's Name <i>James Conrad Arnold</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name _____		Mother's Birthplace _____					
Name of person giving information <i>Mary A. Arnold</i>		How related to deceased <i>Wife</i>					

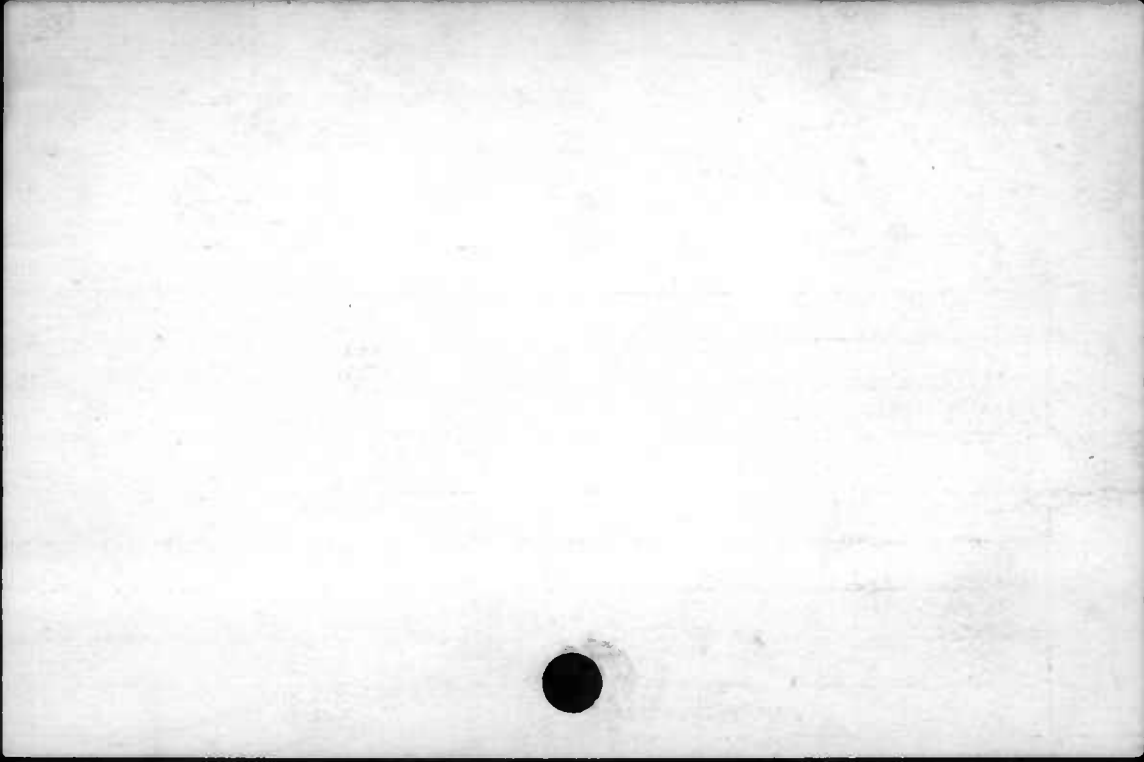
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>(64)</i>
Immediate _____	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John B. Kortom</i>
Address _____	Address <i>Curtis Bay, Md</i>
Accident or Suicide? <i>Accident</i>	



Name in Full		(Bios) Stiles / Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <u>Annapolis</u>		County <u>Anne Arundel</u>		STATE <u>MARYLAND</u>
	Date of death		190	Month <u>6</u>	Day <u>30</u>	Age	Years
	Sex		Color or Race <u>Colored</u>		Birthplace <u>60 West St</u>		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <u>Albert Bios</u>				Father's Birthplace <u>Annapolis</u>		
	Mother's Maiden Name <u>Elena Kirby</u>				Mother's Birthplace <u>Virginia</u>		
	Name of person giving information <u>Albert Bios</u>				How related to deceased <u>father</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Inevitable Abortion</u>				How long		
	Immediate <u>not any.</u>				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>They are</u>				Signature of Physician <u>R. P. Keese M.D.</u>		
					Address <u>60 Cathedral St.</u>		
	Accident or Suicide? <u>No</u>				<u>Annapolis Ind.</u>		



Name in Full *William Barton Brooks*

CERTIFICATE OF DEATH

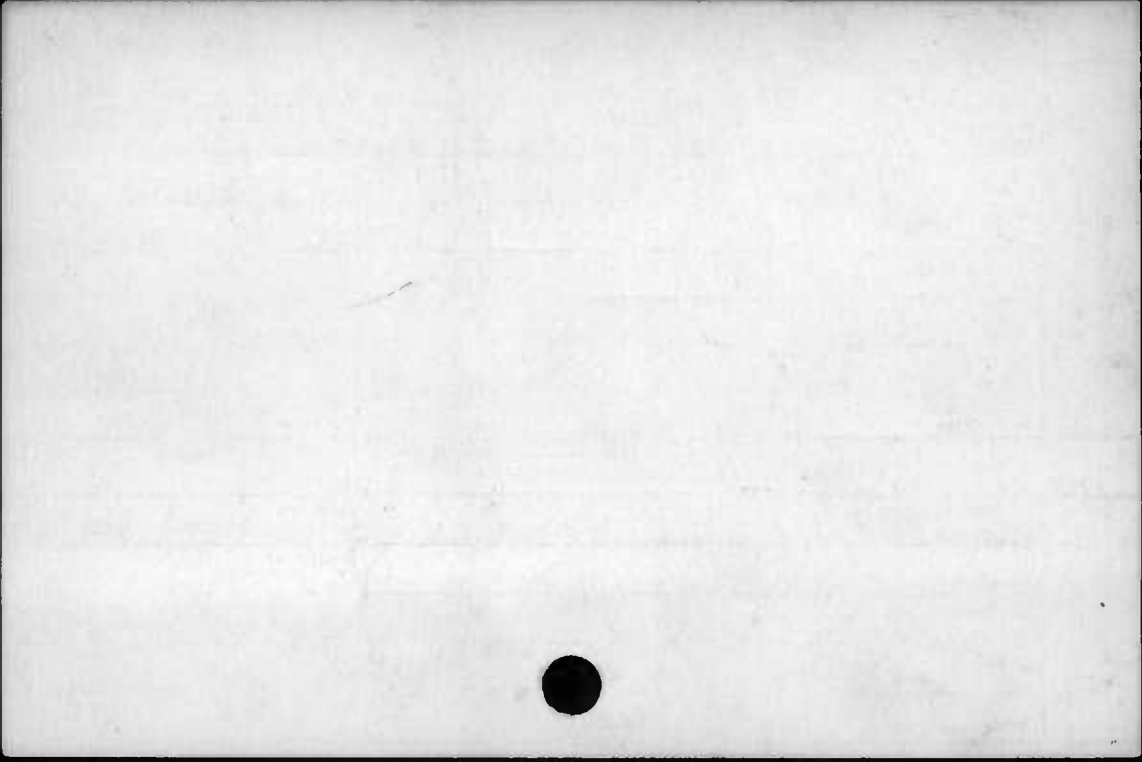
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Alco</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>January</i> <sup>Day</sup> <i>1st</i> <sup>Years</sup> <i>13</i>		Age <i>13</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Mr G Brooks</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Hannah M Mayden</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Mr G Brooks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>3 months</i>
<i>hemorrhage</i>	How long <i>120</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. ...</i>
	Address <i>1st John St. Annapolis, Md</i>
Accident or Suicide? _____	





Name  
in  
Full

Brown

## CERTIFICATE OF DEATH

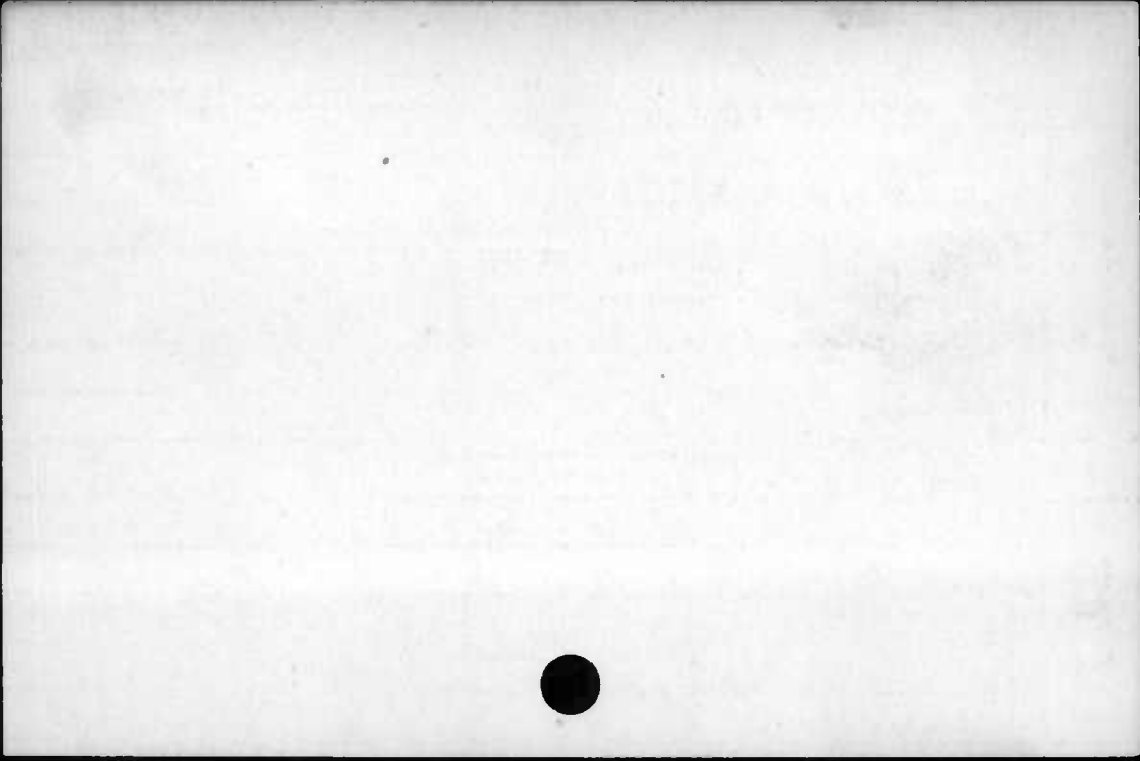
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND									
Date of death		Month		Day		Years		Months		Days					
1906		Jan		10th		Age		6.		hrs					
Sex		Male		Color or Race		Colored		Birth-place		Annapolis					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name				James Brown				Father's Birthplace				Annapolis			
Mother's Maiden Name				Charlotte Murdock				Mother's Birthplace				Annapolis			
Name of person giving information				Father				(150)				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Insufficient circulation of the blood		How long		Six hrs	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
<input checked="" type="checkbox"/> Yes				John Ridout, M.D.			
				Address			
				Annapolis			
				Md.			
Accident or Suicide?							



Name  
in  
Full

Murry E. Bryson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Annapolis <sup>County</sup> A A Co.

Date of death 1906 <sup>Month</sup> Jan <sup>Day</sup> 22 Age <sup>Years</sup> 54 <sup>Months</sup> 0 <sup>Days</sup> 1

Sex Male Color or Race White Birth-place Annapolis

Occupation House Keeper Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Kellum Broughton

Father's Birthplace Kent County

Mother's Maiden Name Murry Simmons

Mother's Birthplace Annapolis

Name of person giving information Margaret E. Bryson

How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Loz Grippe

How long 100 days

Immediate Exhaustion

How long One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

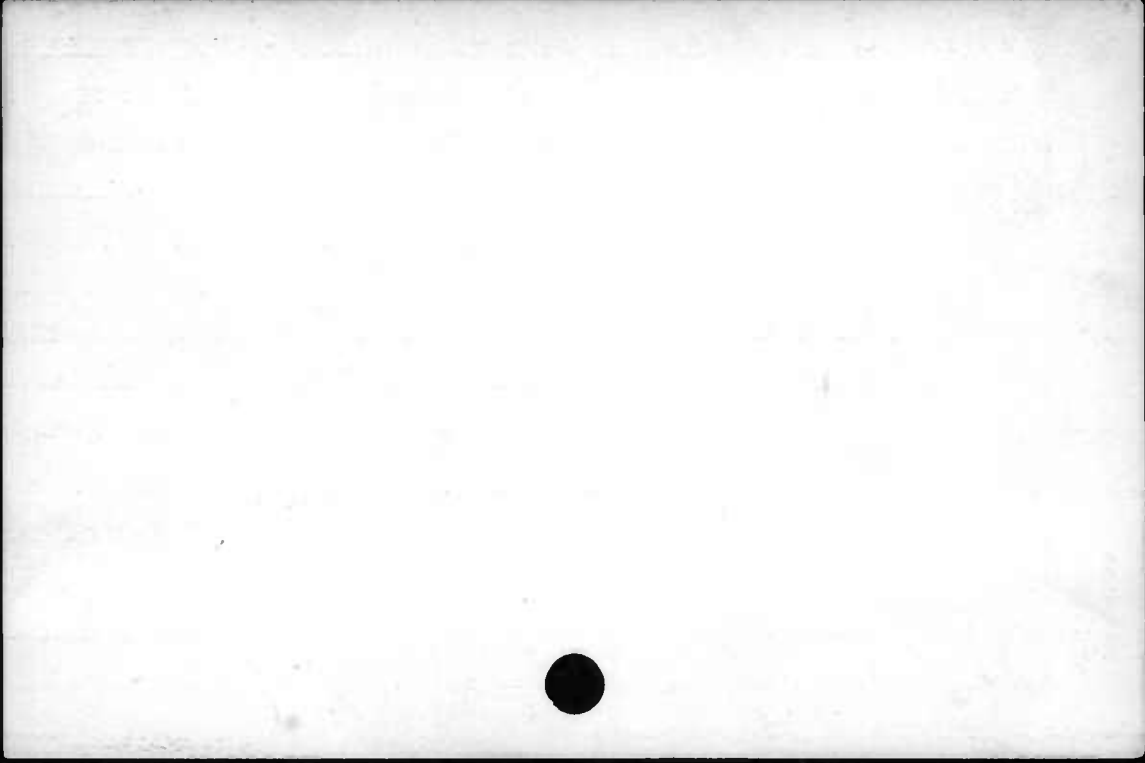
Geo. Wells

Yes

Address

Annapolis Md.

Accident or Suicide? No.



Name  
in  
Full

Amos H. Bursar

## CERTIFICATE OF DEATH

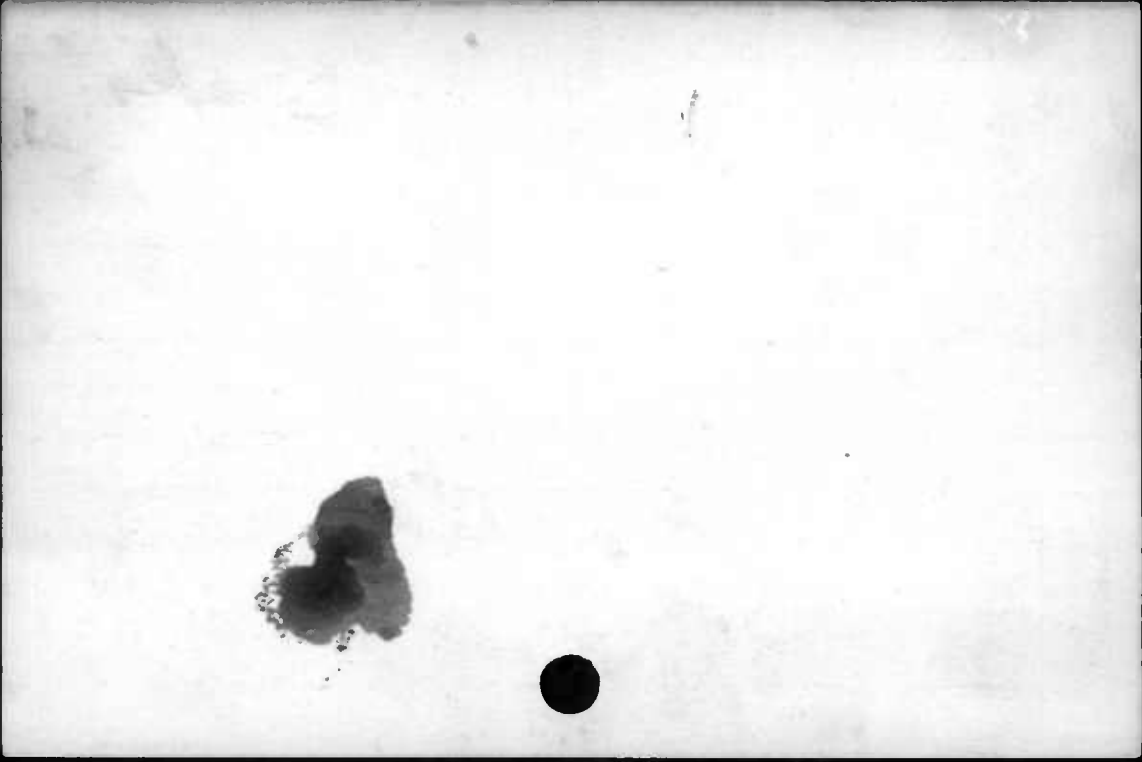
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>marvy</i>		Town <i>AA</i>		County <i>AA</i>		MARYLAND	
Date of death <i>1906 Jan</i>		Month <i>3rd</i>		Day <i>2</i>		Age <i>7</i>	
Sex <i>male</i>		Color or Race <i>African</i>		Birthplace <i>AA Co</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert H. Bursar</i>		Father's Birthplace <i>AA</i>					
Mother's Maiden Name <i>L. A. Bursar</i>		Mother's Birthplace <i>AA</i>					
Name of person giving information <i>Alex Bursar</i>		How related to deceased <i>S. father</i>					

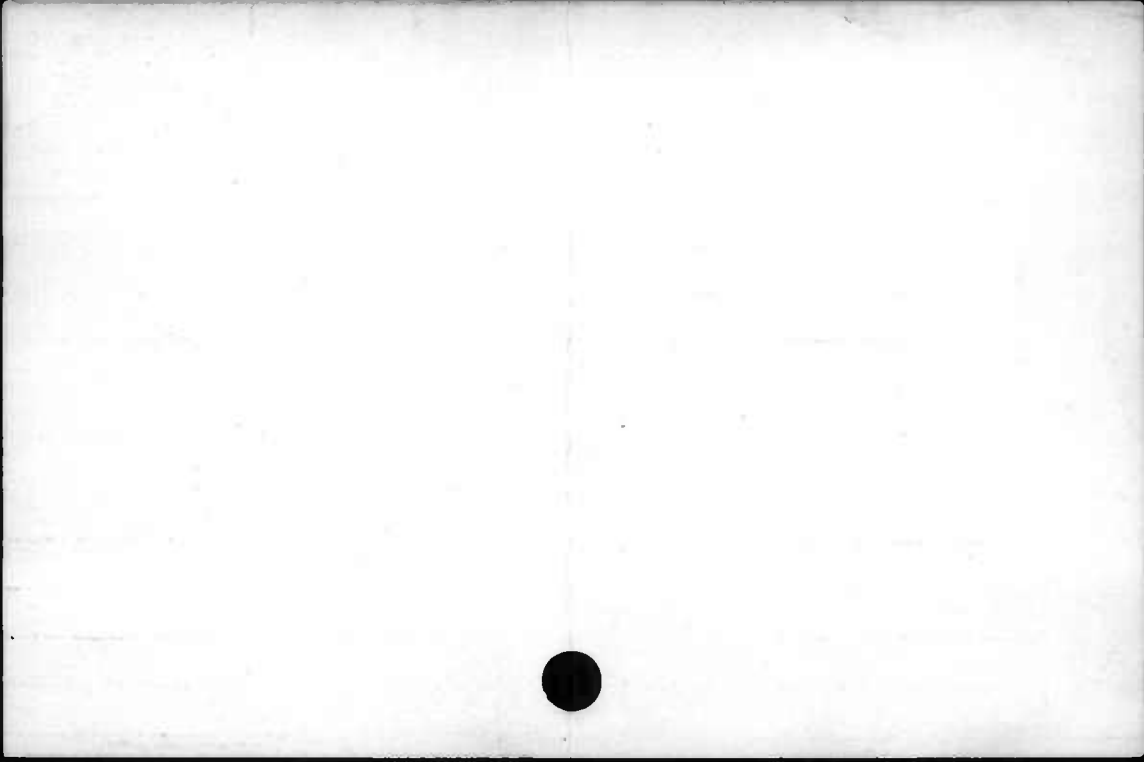
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>		How long <i>4 weeks</i>	
Immediate <i>Heart failure</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Therese Bursar</i>	
		Address <i>Isle B...</i>	
Accident or Suicide? <i>Yes</i>		<input checked="" type="checkbox"/>	



Name in Full		Edna E. Chaney				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Robinson		<sup>County</sup> Anne Arundel		MARYLAND		
		Date of death 1906	Month Jan.	Day 27	Age 1	Years 6	Months —	Days —
		Sex Female		Color or Race White		Birth-place Anne Arundel Co		
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed Single		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name Richard A. Chaney				Father's Birthplace Anne Arundel Co		
		Mother's Maiden Name Annie B. Stinchcomb				Mother's Birthplace Anne Arundel Co		
		Name of person giving information Richard A. Chaney				How related to deceased Father		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary Broncho - pneumonia		How long 12 days				
		Immediate Heart failure		How long 6 hours				
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James C. Billingsley M.D.				
				Address Germinger				
		Accident or Suicide? No -		Maryland				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>Thos R Chaney</i>		Town <i>Beast-Port</i>		County <i>a</i>	
Died at <i>Beast-Port</i>		Month <i>Jan</i>		Day <i>9</i>	
Date of death <i>1906</i>		Age <i>12</i>		Years <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A.A. Corbina</i>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Richard G. Chaney</i>		Father's Birthplace <i>A.A. Corbina</i>			
Mother's Maiden Name <i>Enfrence Hoell</i>		Mother's Birthplace <i>" " " "</i>			
Name of person giving information <i>R. G. Chaney</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>10 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm S Welch M.D.</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

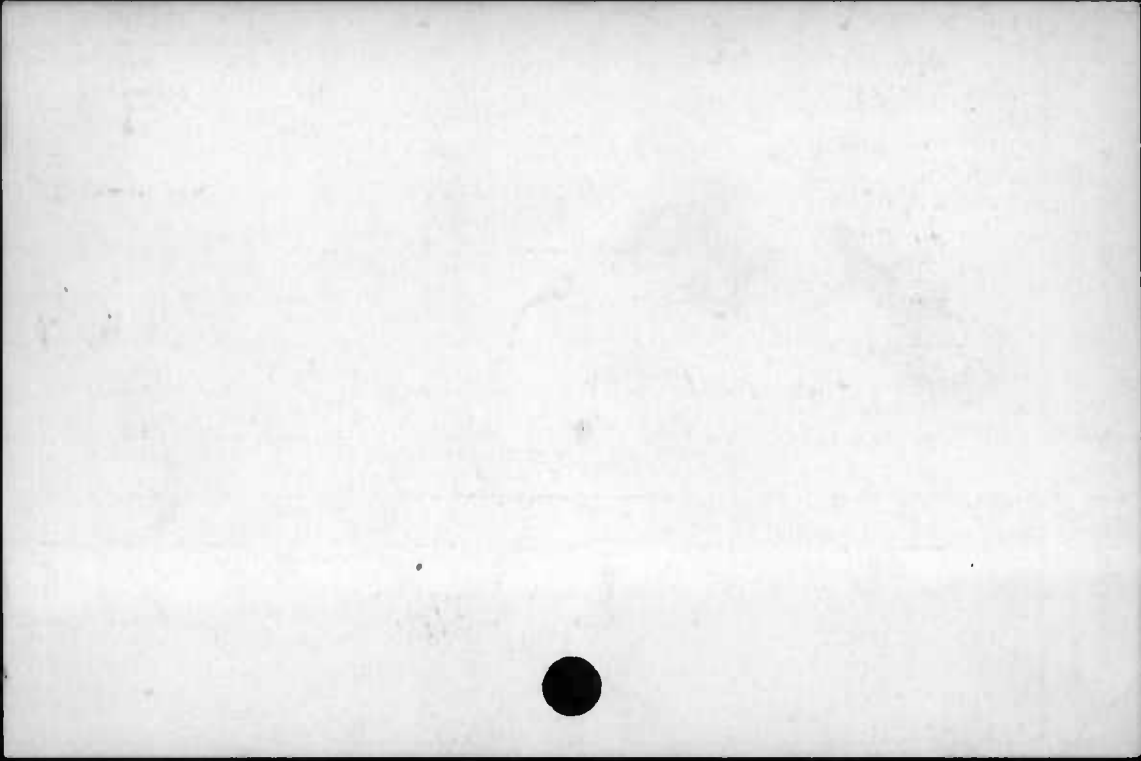
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East-Port</u> <small>Town</small>		<u>A A</u> <small>County</small>	
Date of death <u>1906</u>	<u>Jan.</u> <small>Month</small>	<u>25-</u> <small>Day</small>	<u>15-</u> <small>Age</small>
Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>East-Port-Md</u>
Occupation <u>                    </u>		Where Residing if not at place of death <u>                    </u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>                    </u>		
Father's Name <u>John. H. Christensen</u>	Father's Birthplace <u>Denmark</u>		
Mother's Maiden Name <u>Annie Johnson</u>	Mother's Birthplace <u>Denmark</u>		
Name of person giving information <u>Chris. Christensen</u>	How related to deceased <u>Brother</u>		

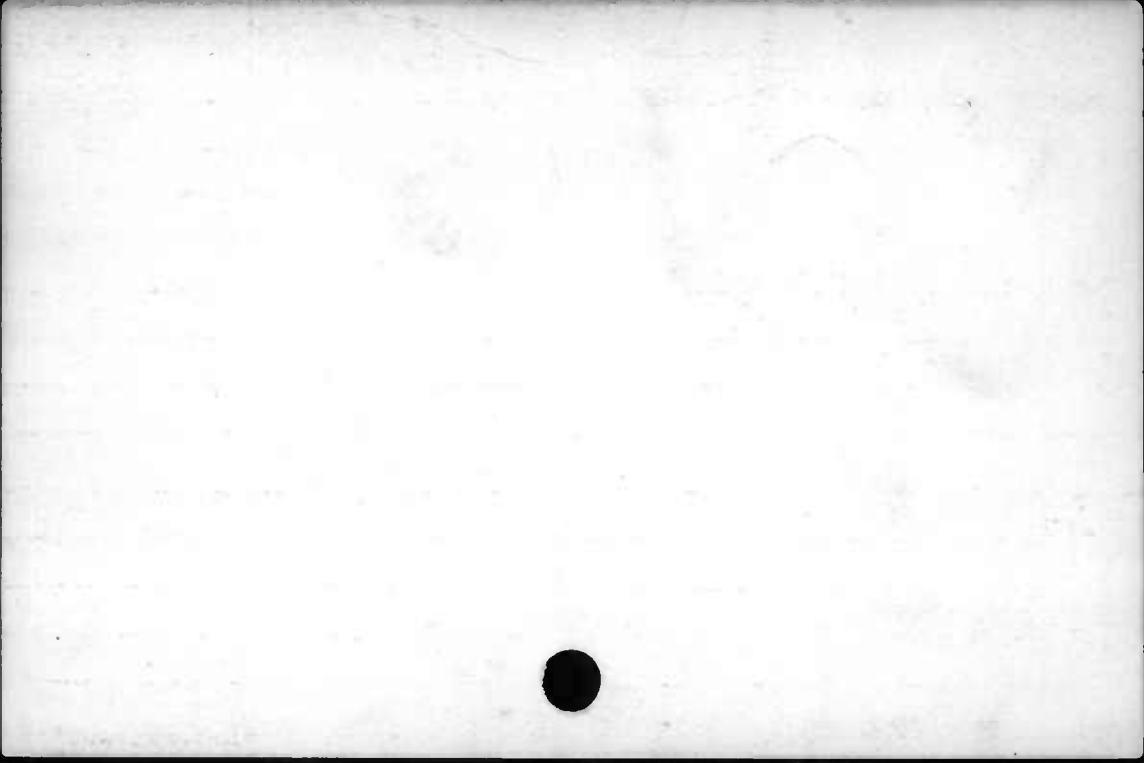
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	How long <u>6 days</u>
Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. S. Welch</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>no</u>	



Name in Full		CERTIFICATE OF DEATH			
Unnamed		Colbert (M M)		MARYLAND	
Died at <u>Churchton</u> <small>Town</small>		<u>A. A.</u> <small>County</small>			
Date of death <u>1906</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>12</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> <u>One hour</u>		Age <u>—</u>			
Sex <u>Female</u> <small>Color or Race</small> <u>Colored</u> <small>Birth-place</small> <u>Ind</u>					
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Colbert</u>		Father's Birthplace <u>Altoona, Pa</u>			
Mother's Maiden Name <u>Eliza Murray</u>		Mother's Birthplace <u>A. A. Co.</u>			
Name of person giving information <u>John Colbert</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Convulsions</u>		<u>(71)</u>		How long <u>One half hour</u>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo T Drisk</u>			
		Address <u>Churchton</u>			
Accident or Suicide? <u>—</u>					



Town

County

Hanover

Anne Arnold

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	Jan	22	85	8	5	Maryland	Housewife
<del>Male</del>	White	Married		Widow	<del>Divorced</del>		
Female	<del>Colored</del>	<del>Single</del>		<del>Widow</del>		Number of children living	three

of

Wife

### Father's

Name \_\_\_\_\_

Cause of

### Primary

## Death

Immediate

## Mother's

Maiden Name

How long sick

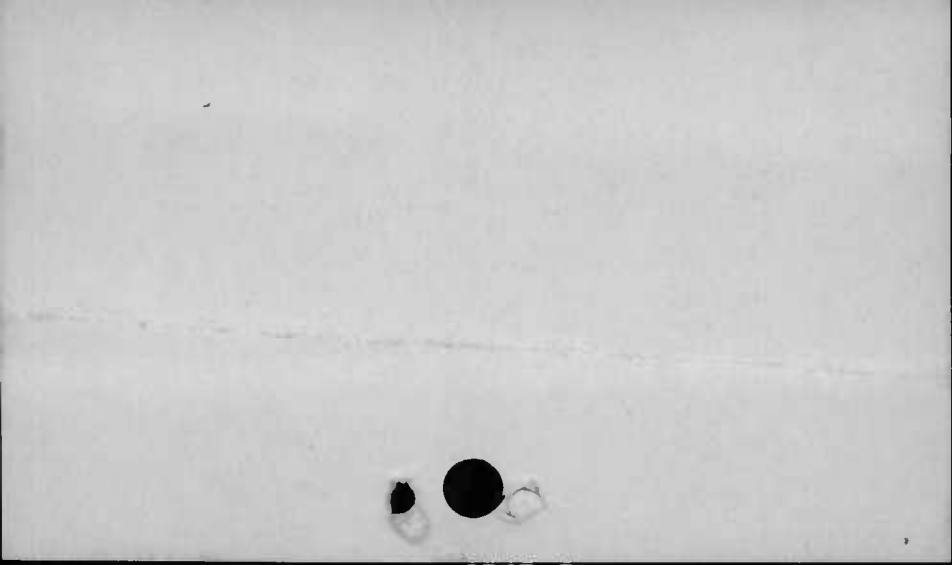
9 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





William Curry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundell</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906 Jan</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	Age <i>58</i> <sup>Years</sup>	Months	Days <i>10</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Belfast Ireland</i>
Occupation	<i>Tailor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Emily Garner</i>		
Father's Name	<i>James Curry</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Eizabeth Noble</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Emily Curry</i>		How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malignant disease of liver</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. Wells</i>
<i>yes</i>		Address	<i>Synopsis Maryland</i>
Accident or Suicide?			<i>No</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

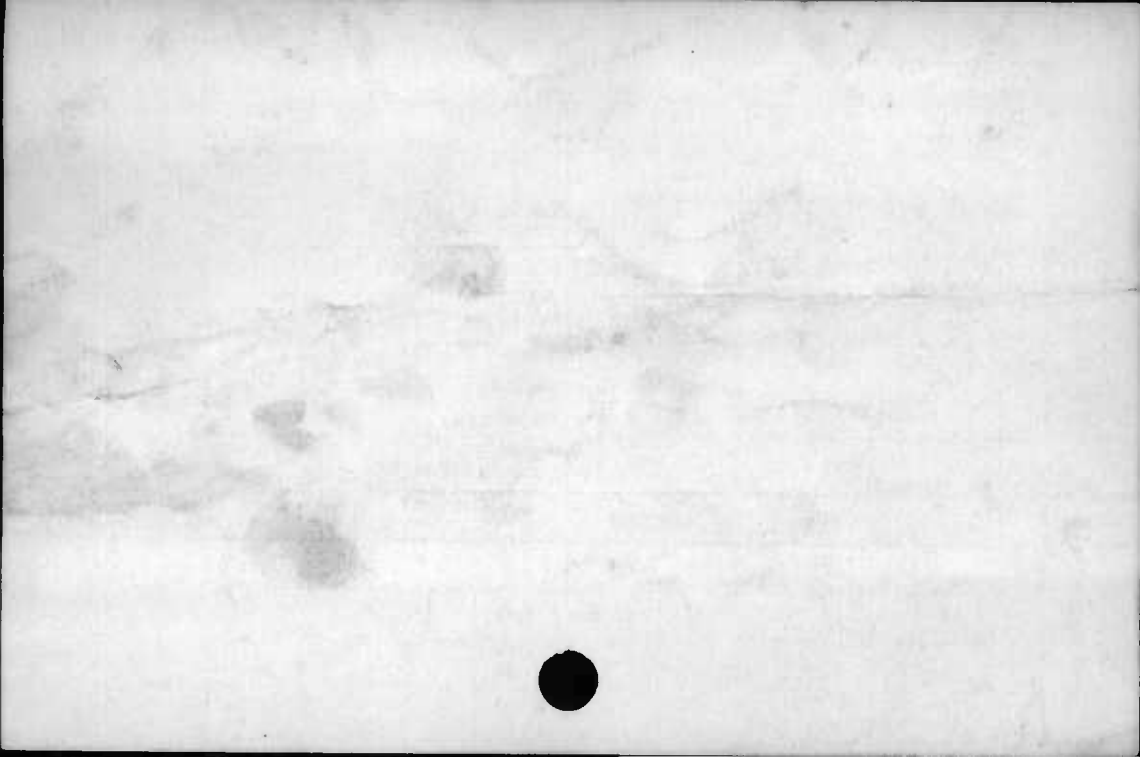
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town	<i>Dorsey</i>		County	<i>At</i>		MARYLAND		
Date of death		1906	Month	Jan	Day	26 <sup>th</sup>	Age	Years	Months	Days
Sex		<i>Female</i>		Color or Race		<i>colored</i>		Birthplace		<i>Annapolis</i>
Occupation					Where Residing if not at place of death					
Married, Single or Widowed					Name of Wife or Husband					
Father's Name					<i>Henry Dorsey</i>					
Mother's Maiden Name					<i>Susanna Richardson</i>					
Name of person giving information					<i>Mother</i>					
Father's Birthplace					<i>At Co</i>					
Mother's Birthplace					<i>Annapolis</i>					
How related to deceased										

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<i>Still-born</i>		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<i>yes</i>		<i>John P. [unclear]</i>			
		Address			
		<i>Annapolis</i>			
Accident or Suicide?		<i>Id</i>			



Name  
in  
Full

W H, Dorseay

## CERTIFICATE OF DEATH

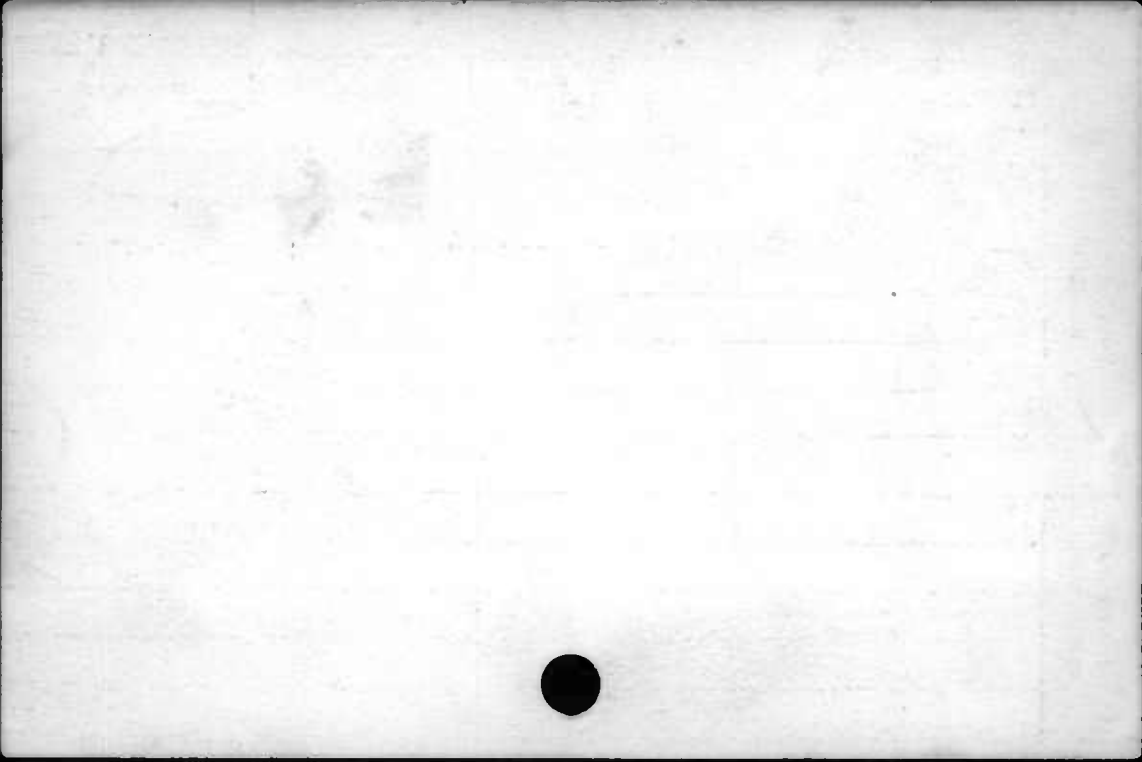
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camp Point</u>		Town <u>2d. Anne Arundel</u>		County		MARYLAND	
Date of death <u>1906</u>		Month <u>Jan</u>	Day <u>28</u>	Age <u>85</u>	Years	Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth place <u>Balverton</u>			
Occupation <u>Retired</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Elizabeth Jones</u>					
Father's Name <u></u>				Father's Birthplace			
Mother's Maiden Name <u></u>				Mother's Birthplace			
Name of person giving information <u>Jas W Dorseay</u>				How related to deceased <u>Son</u>			

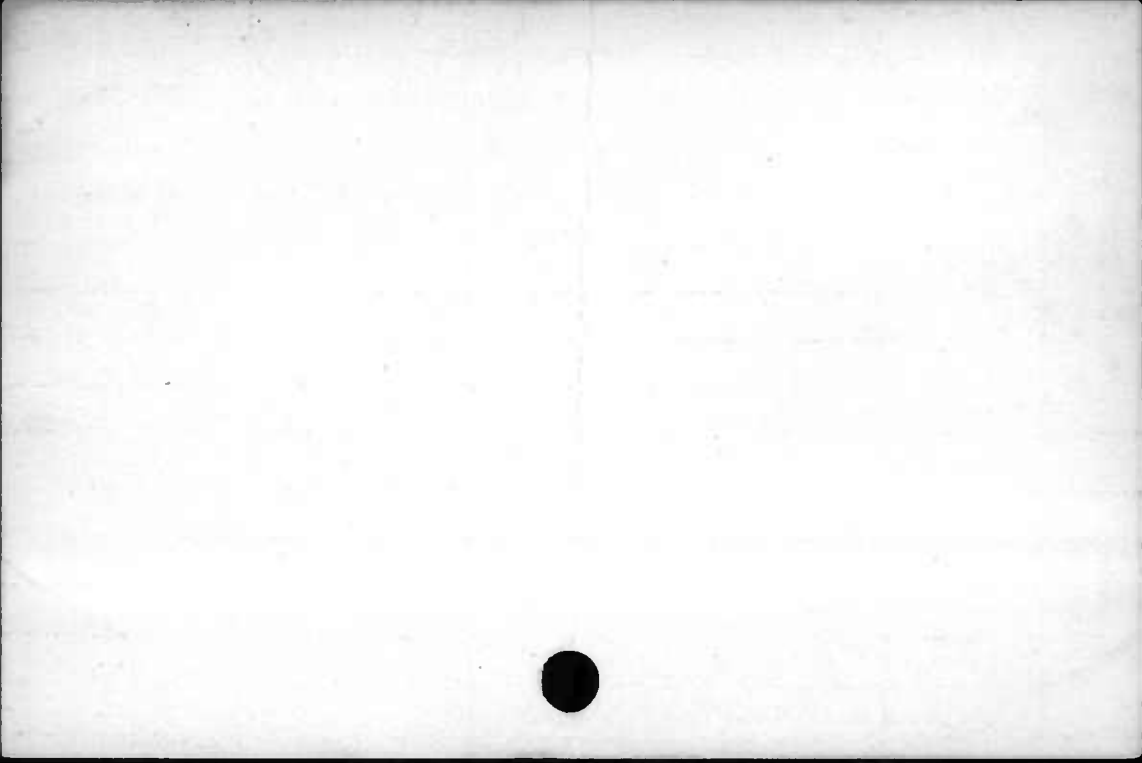
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Senility</u>	How long	<u>154</u> Months
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout, MD</u>	
<u>Yes</u>		Address <u>Annapolis, Md</u>	
Accident or Suicide?			



Name in Full		Laura Melissa Dunlap				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lake Shore P.O.	County Anne Arundel		MARYLAND		
		Date of death	1906	Month Jan.	Day 10	Years 26	Months 8	Days 1	
		Sex	Female		Color or Race	White		Birthplace	Anne Arundel Co.
		Occupation	Housewife		Where Residing if not at place of death				
		Married, Single or Widowed	Married		Name of Wife or Husband	Samuel J. Dunlap.			
		Father's Name	John F. Ellison				Father's Birthplace	Anne Arundel Co.	
		Mother's Maiden Name	Sarah E. Stinchcomb				Mother's Birthplace	Anne Arundel Co.	
PHYSICIAN OR CORONER		Name of person giving information		Samuel J. Dunlap		How related to deceased	Husband		
		CAUSES OF DEATH							
		Primary	Confinement		How long	9 months			
Immediate	Eclampsia		How long	12 hours.					
Are the name, age, sex, color, date and place correctly given above?		Yes -		Signature of Physician					
				Address					
Accident or Suicide?				James S. Billingsley M.D. Armagar P.O., A.A.Co. Maryland.					





Name  
in  
Full

Richard H. Duval

## CERTIFICATE OF DEATH

MARYLAND

Died at *Parole* Town*Anne Arundel* County

Date

of death 1906

Month

*Jan.*

Day

*9*

Age

Years

*59*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*A. A. Co. Md*Married, Single  
or Widowed*Married*

Occupation

*Farmer*Name of Wife or  
Husband*Florence E. Starbuck*Father's  
Name*Daniel Duval*Father's  
Birthplace*P. G. Co.*Mother's  
Maiden Name*Isabella Cruse*Mother's  
Birthplace*P. G. Co.*Name of person giving  
Information*Miss Fannie Worthington*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Died suddenly w/o previously ill*

How long

Immediate

*Probably heart failure*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. B. Gault*

Address

*Windsor Md*

Accident or Suicide?

*Did not die of accident  
before death*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Harry Bernard Ford.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

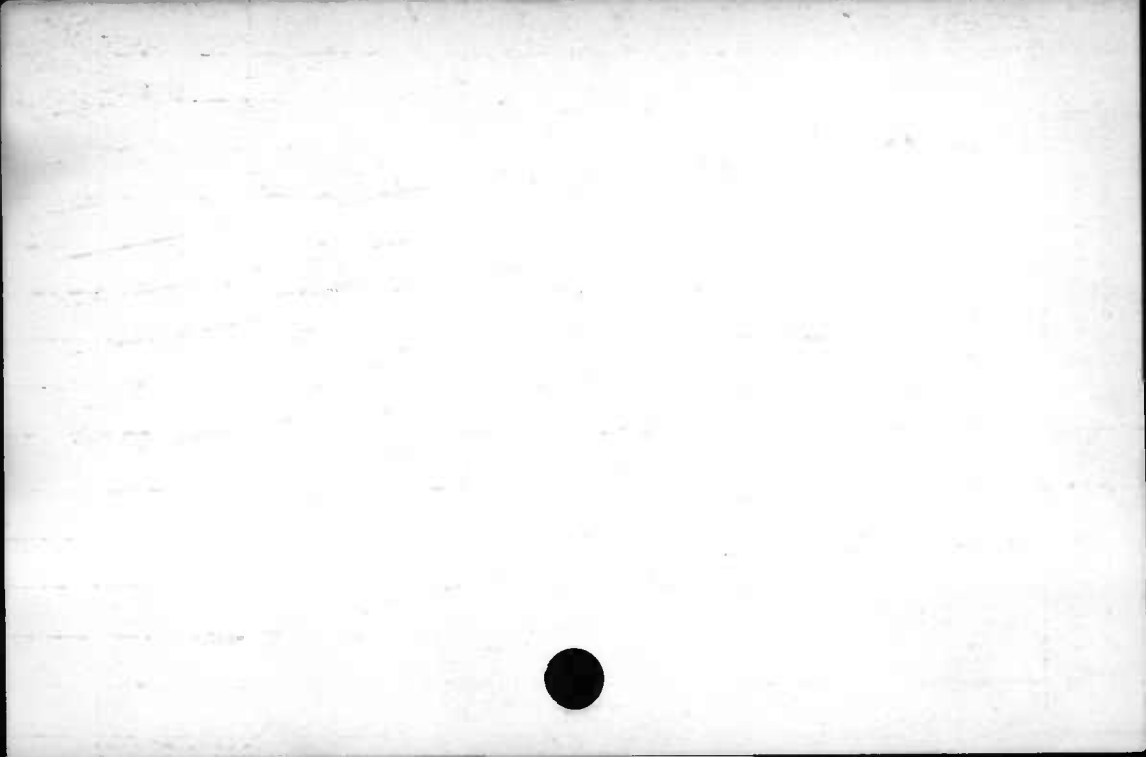
MARYLAND

Died at <u>Nature</u>		Town <u></u>		County <u>Anne Arundel</u>	
Date of death	1906	Month	Jan.	Day	26
		Age		Years	2
Sex	Male	Color or Race		White	-
Occupation				Birth-place	
				A.A. Co Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
Harry Ford			A.A. Co Md.		
Mother's Maiden Name			Mother's Birthplace		
Lola Phipps			A.A. Co Md.		
Name of person giving information			How related to deceased		
Harry Ford.			Father		

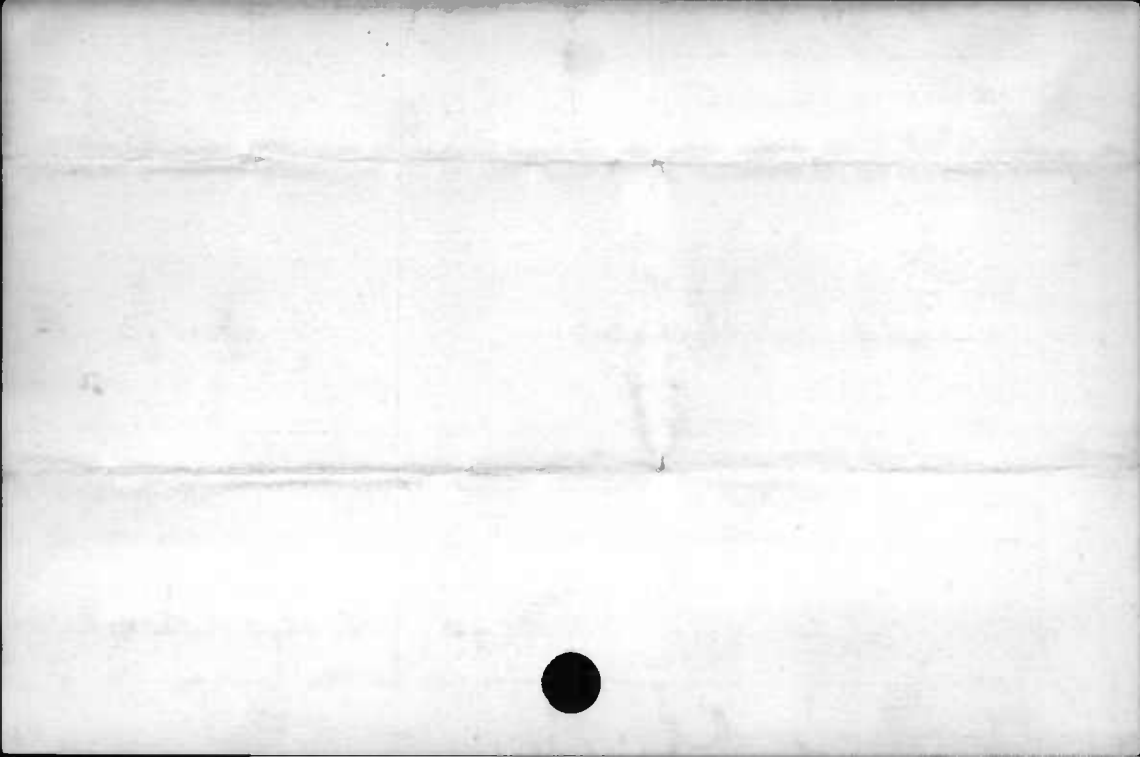
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A.H. Perrie
		Address	McKendricks Md.
Accident or Suicide?			



Name in Full <b>Thos Jefferson Foster</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>London</b> <sup>Town</sup>		<b>AA</b> <sup>County</sup>
	Date of death <b>1906 Jan 19</b> <sup>Month Day</sup>		<b>78</b> <sup>Years</sup>
	<b>Male</b> <sup>Sex</sup>		<b>White</b> <sup>Color or Race</sup>
	<b>Trucker</b> <sup>Occupation</sup>		<b>AA Cr</b> <sup>Birth-place</sup>
	<b>Married, Single or Widowed</b>		<b>Jessie Wilson</b> <sup>Name of Wife or Husband</sup>
	<b>Ross Foster</b> <sup>Father's Name</sup>		<b>Druid Knm</b> <sup>Father's Birthplace</sup>
	<b>Mona</b> <sup>Mother's Maiden Name</sup>		<b>AA</b> <sup>Mother's Birthplace</sup>
<b>Charles Foster</b> <sup>Name of person giving information</sup>		<b>Son</b> <sup>How related to deceased</sup>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	<b>Paralysis</b> <sup>Primary</sup>		<b>4 Days</b> <sup>How long</sup>
	<b>Immediate</b>		<b>How long</b>
	<b>Are the name, age, sex, color, date and place correctly given above?</b>		<b>Thomas W Brayton</b> <sup>Signature of Physician</sup>
	<b>Yes</b> <sup>Accident or Suicide?</sup>		<b>Islen Bunn</b> <sup>Address</sup>
		<b>Maryland</b>	



Name  
in  
Full

Nannie Moreland Harris

## CERTIFICATE OF DEATH

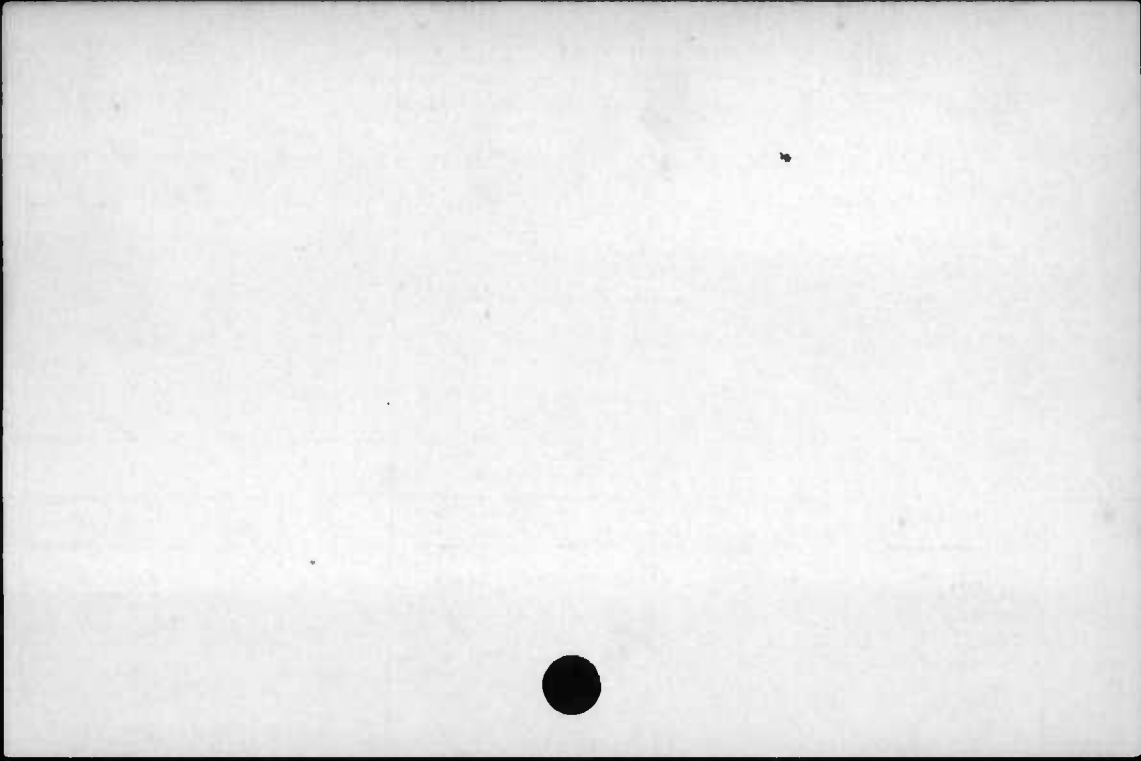
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Guilford</i> <i>PO</i> <i>Ad Co</i>		Town <i>Ad Co</i> County		MARYLAND	
Date of death	1906 Jan 13	Age	1	Months	4
Sex	Female	Color or Race	Colored	Birth-place	Ad Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Nat Harris			Father's Birthplace	Virginia
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving information	Nat Harris			How related to deceased	—

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Not Known</i>	How long	<i>2 wks</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William C. ...</i>		
	Address <i>West River Md</i>		
Accident or Suicide?	—		





TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

County Anne Arundel

Mentn

26<sup>Day</sup>

Age 68

Months

Days

Sex M  
Occupation

Color of  
Race

White

Birth-  
place

A. A. Country

Where Residing if not  
at place of death

same

Married, Single  
or WidowedName of  
Husband

Harwood Telford

Father's  
Name

Joseph Kent

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information

James W. Bellant

How related  
to deceased

### CAUSES OF DEATH

Primary

trip

How long

10

How long

Five days

Immediate

Broncho-Pneumonias

Are the name, age, sex, color, date and place correctly given above?

900-

Signature of Physician

Address

M. Cement Branding

### Accident or Suicide?

✓ *Quercus*, and



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>A.A.</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Jan.</i>	<i>31</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>21</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birthplace <i>Balto-Md</i>			
Occupation <i>Waiter</i>	Where Residing If not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>John Jones</i>	Father's Birthplace <i>Providence, R.I.</i>				
Mother's Maiden Name <i>Alice Holmes</i>	Mother's Birthplace <i>Balto-Md</i>				
Name of person giving information <i>Hannie Adams</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>Jan. 21 to 31/06</i>
Immediate <i>Pneumonia</i>		How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. H. Thompson M.D.</i>	
<i>As far as I know</i>	Address <i>193 Church St.</i>	
Accident or Suicide? <i>_____</i>	<i>✓ Annapolis, Md.</i>	



Name in Full		Frederick Kircher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Harman's		a. a. Co		MARYLAND		
	Date of death	1906	Month Jan	Day 16	Age 94	Months —	Days 4	
	Sex	Male		Color or Race	White		Birthplace	Germany
	Occupation	—			Where Residing if not at place of death			—
	Married, Single or Widowed	Single		Name of <del>Wife</del> Husband	<del>Emeline Van Dine</del>			
	Father's Name	Godfrey Kircher				Father's Birthplace	Germany	
	Mother's Maiden Name	—				Mother's Birthplace	Germany	
Name of person giving information	John H. Shively				How related to deceased	Sons law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Old age & General Debility				How long	Six months	
	Immediate	Exhaustion				How long	24 hours	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	W. R. Winterman M.D.	
						Address	Hanover Md	
	Accident or Suicide?						✓	

Jos B Cook  
Funeral Director

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full *Mary R. Lockett*

Town *East-Port* County *Ada*

Died at *East-Port*

Date of death *1906 Jan 26* Age *40* Months *11* Days *—*

Sex *Female* Color or Race *White* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Thadens Lockett*

Father's Name *Alfred Britton* Father's Birthplace *New Jersey*

Mother's Maiden Name *Mary York* Mother's Birthplace *Idaho*

Name of person giving information *Rosa Lockett* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *La Grippe* How long *8 days*

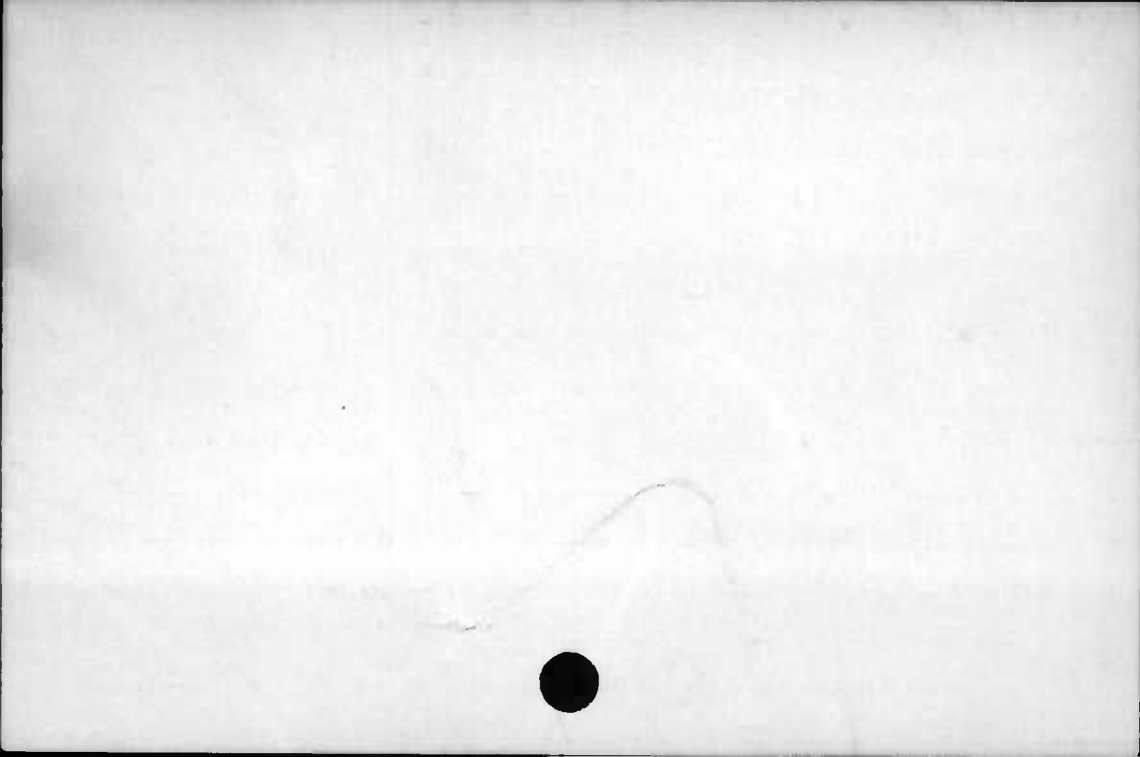
Immediate *Acute Phthisis* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. S. Welch*

Address *Annapolis*

Accident or Suicide? *no*





Name  
in  
Full

Mrs. Minnie Mc. Gloskey.

## CERTIFICATE OF DEATH

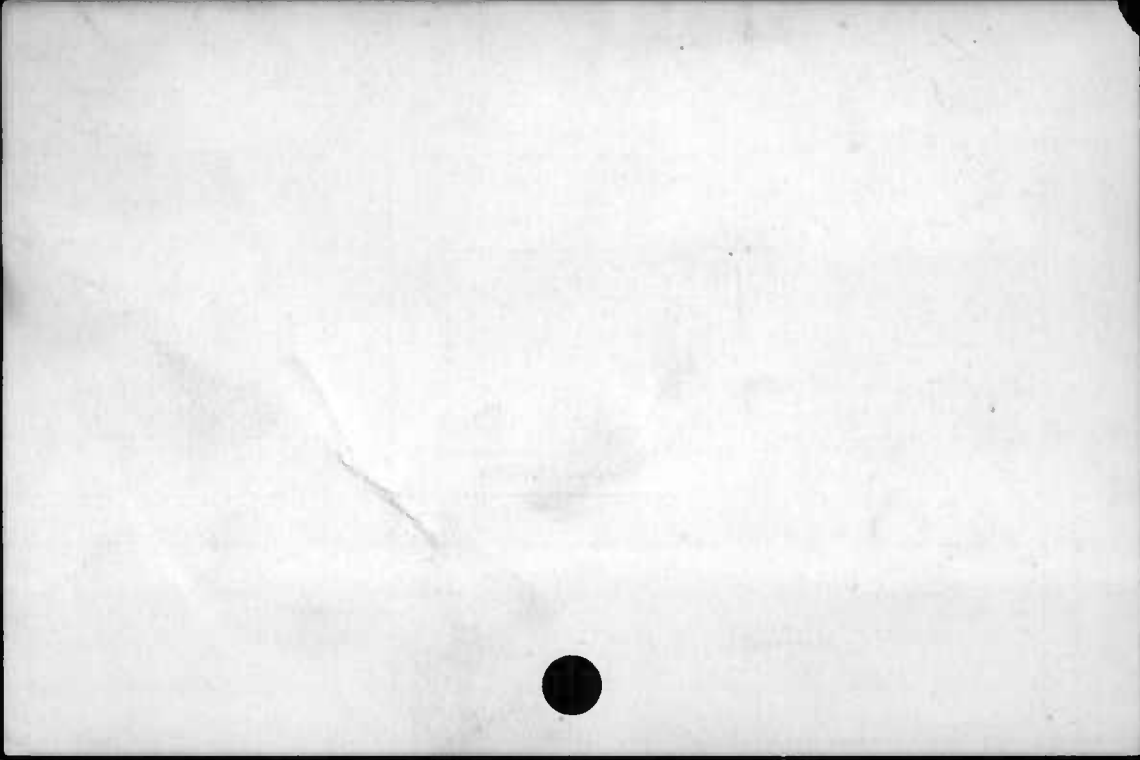
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1906 Jan.		Monday		Age	27		
Sex	Feminine		Color or Race	White		Birth-place	Baltimore
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Frank P. Mc. Gloskey			
Father's Name	Samuel Wolfange				Father's Birthplace	Baltimore	
Mother's Maiden Name	Mary Spender				Mother's Birthplace	Baltimore	
Name of person giving information	Emma Wolfange				How related to deceased	Sister.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

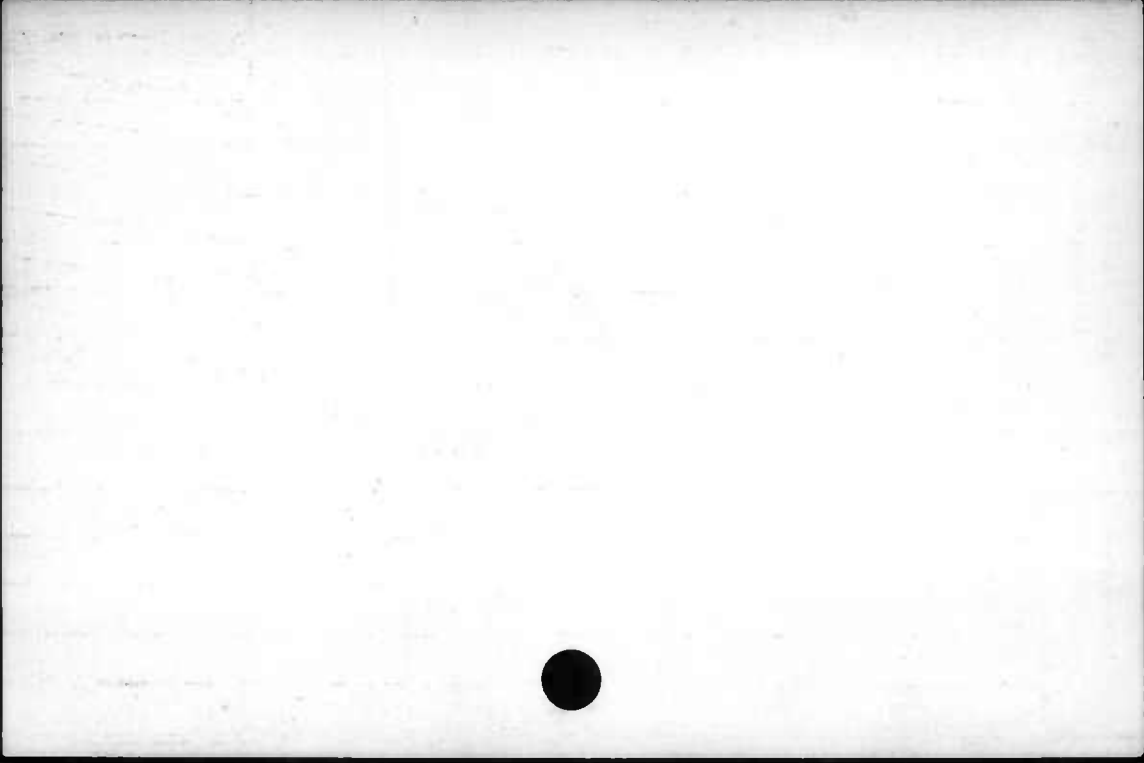
Primary	Pulmonary Phthisis		How long	1 1/2 years
Immediate			How long	27
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Annapolis Md	
Accident or Suicide?		No.		



Name in Full		CERTIFICATE OF DEATH			
Eliza <del>Chase</del> Matthews		TOWN County			
Died at <u>Harmans</u>		<u>Anne</u>		MARYLAND	
Date of death	1906	Month	Jan	Day	9 <del>th</del>
Age	31	Years		Months	
Sex	Female	Color or Race	Colored	Birthplace	Anne Armundel Co Md
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Name of <del>Wife or</del> Husband <u>Charles Matthews</u>				
Father's Name	<u>John Chase</u>			Father's Birthplace	Anne Armundel Co Md
Mother's Maiden Name	<u>Mary Johnson</u>			Mother's Birthplace	Anne Armundel Co Md
Name of person giving information	<u>Charles Matthews</u>			How related to deceased	Husband
CAUSES OF DEATH					
Primary	<u>Phthisis</u>			How long	<u>One year</u>
Immediate	<u>Exhaustion</u>			How long	<u>One week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		<u>C. R. Winters</u>			
		Address			
		<u>Eckridge</u>			
		<u>Md</u>			
Accident or Suicide?					



Name in Full <b>Thomas J. Parks</b>		CERTIFICATE OF DEATH	
Died at <b>Drab</b> Town		County <b>Anne Arundel</b>	
Date of death <b>1906</b> Month <b>January</b> Day <b>1st</b> Age <b>82</b> Years		Months <b>—</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Formerly Oysterman</b>		Birth-place <b>Md.</b>	
Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Kitty Parks</b>	
Father's Name <b>Thomas Parks</b>		Father's Birthplace <b>Md.</b>	
Mother's Maiden Name <b>Susan Catlin</b>		Mother's Birthplace <b>Md.</b>	
Name of person giving information <b>George Sherburn</b>		How related to deceased <b>Step son</b>	
CAUSES OF DEATH			
Primary <b>Broncho - Pneumonia</b>		How long <b>1 WEEK</b>	
Immediate <b>(92)</b>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. Perrie</b>	
		Address <b>Pro Kendra</b>	
Accident or Suicide?		<b>Md.</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Annapolis*

Town

County

*A a*Date of death *1906 Jan.*

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*A A Co.*

Occupation

*Laboior*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Robert Peters*Father's  
Birthplace*A A Co.*Mother's  
Maiden Name*Harriette A Peters*Mother's  
Birthplace*" " "*Name of person giving  
In formation*John Peters*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Accident*

How long

How long

*thirty six hrs*

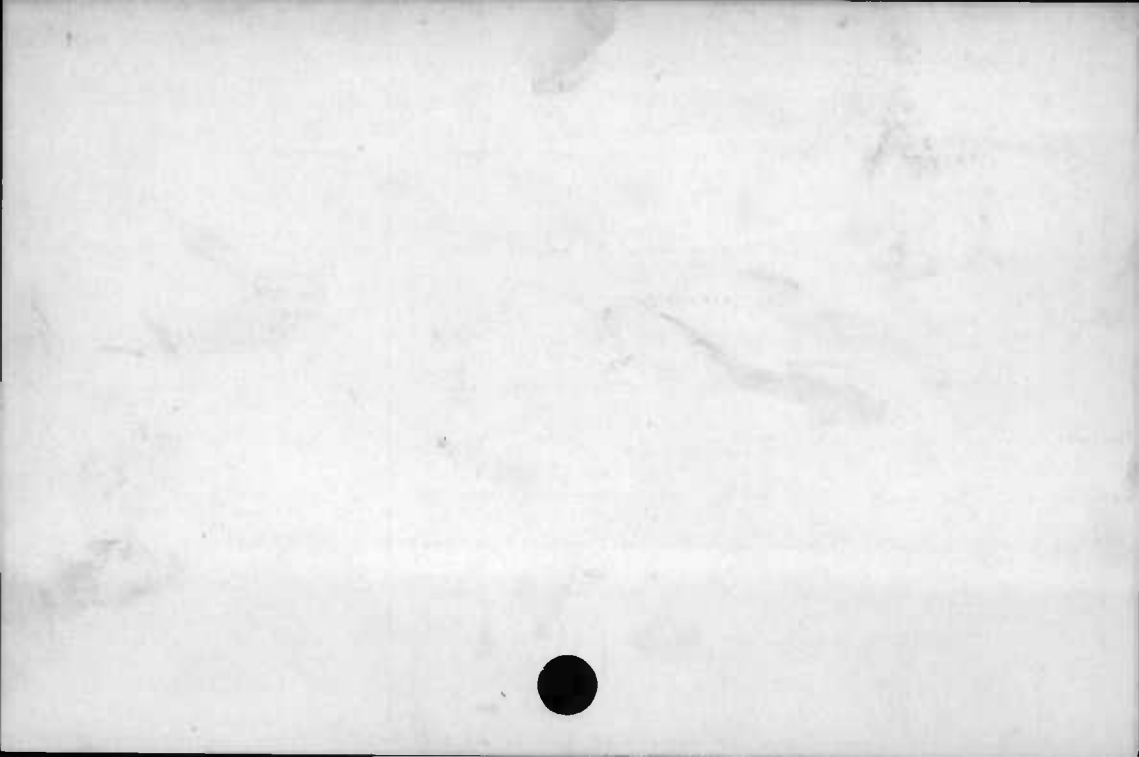
Immediate

*Internal Injuries*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*John Ridout, M.D.  
Annapolis  
Md -*

Accident or Suicide?





Name  
In Full

Amanda Victorine Philips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

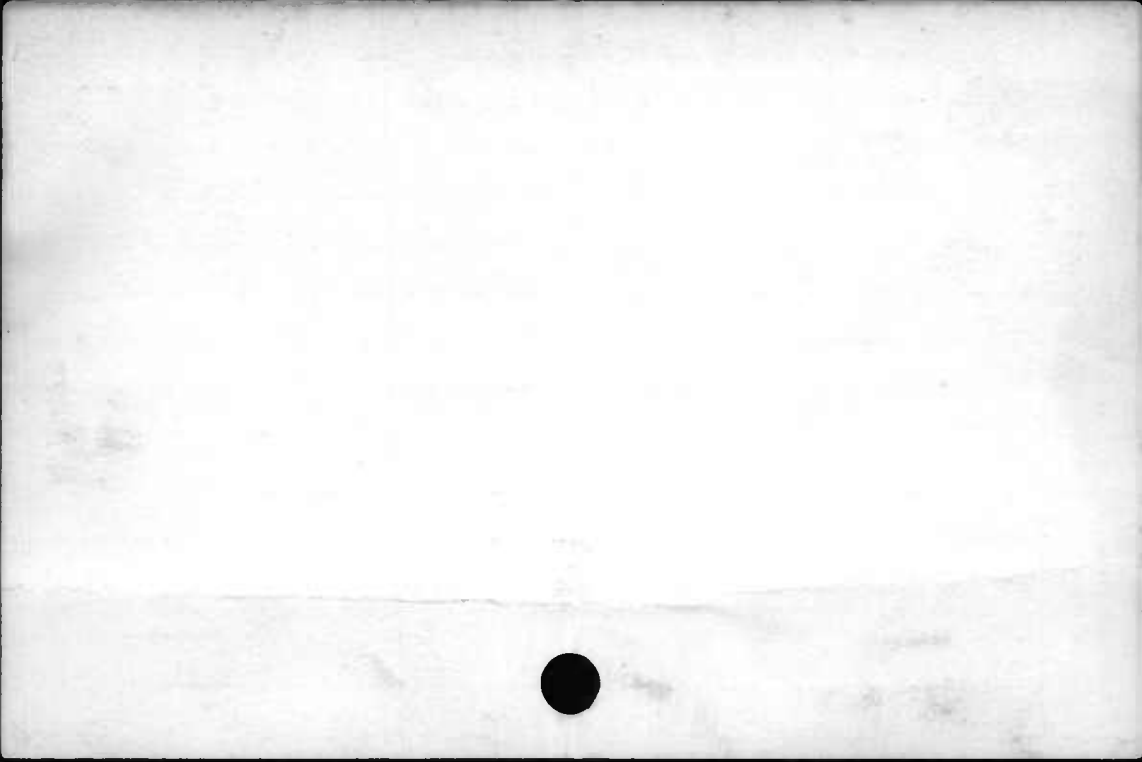
MARYLAND

Died at		Burtis Bay		A.A. Co.			
Date of death		1906	Jan	5th	Age	61	
Sex	Female		Color or Race	White		Birth-place	Richmond Va.
Occupation	House Wife		Where Residing if not at place of death		Burtis Bay.		
Married, Single or Widowed	Married		Name of Wife or Husband		James Philips		
Father's Name	- Griffin		Father's Birthplace		Va.		
Mother's Maiden Name	-		Mother's Birthplace		Va.		
Name of person giving information		Husband		How related to deceased		-	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma Intestinalis		How long	-	
Immediate	Intestinal Obstruction		How long	5 days.	
Are the name, age, sex, color, date and place correctly given above?		-	Signature of Physician	Wm. D. Scott M.D.	
			Address	Burtis Bay A.A. Co. Maryland.	
Accident or Suicide?		-			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		190	June	14	Age	39	
Sex	Female		Color or Race	Colored		Birthplace	West River
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas L. Lunn			
Father's Name	William Wallace		Father's Birthplace	West River			
Mother's Maiden Name	Nancy Williams		Mother's Birthplace	West River			
Name of person giving information	Thomas L. Lunn		How related to deceased	Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drowning

(158)

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes-

Signature of Physician

R. L. Lunn, M.D.

Address

938. 2nd St.

Probably suicide  
Accident or Suicide?

✓ Annapolis, Md.

Recorded Jan 26

Name  
in  
Full

Green

CERTIFICATE OF DEATH

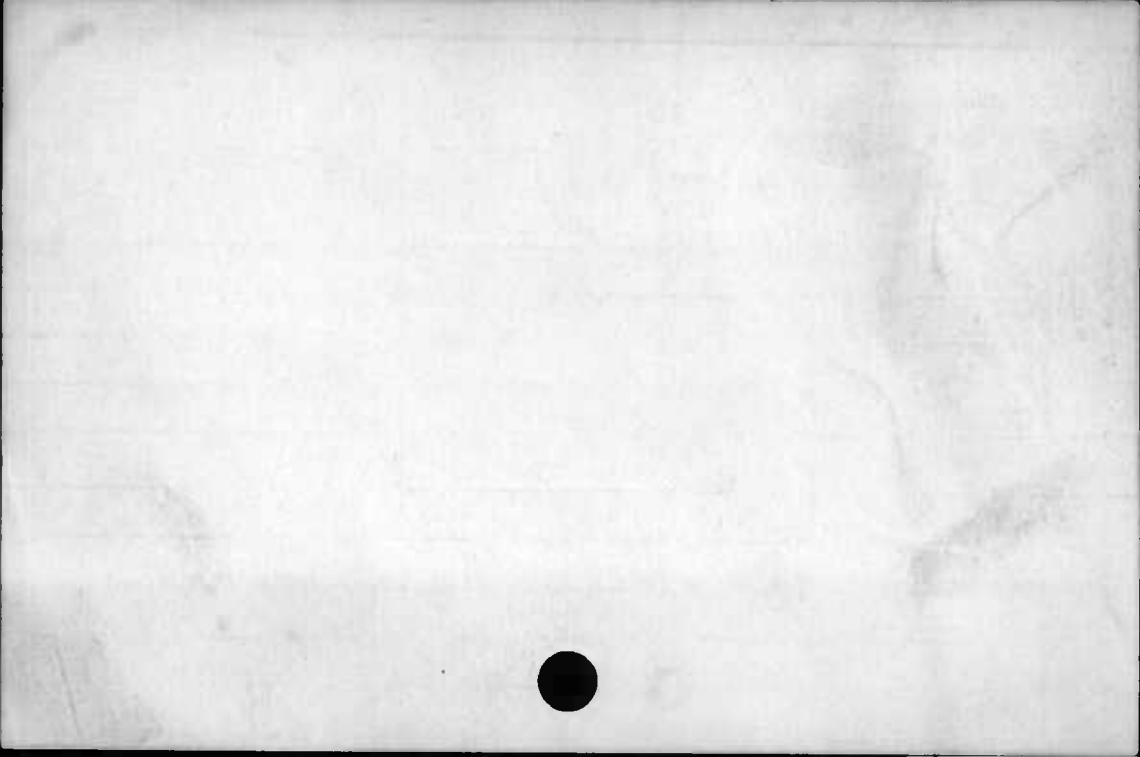
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Jan	28	45			
Sex		Color or Race		Birth-place			
Male		Colored		Annapolis			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Lather		Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still-born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John Bidout	
		Address	
		Annapolis	
		Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Name in Full *Melvin Queen*  
 Town *Hoodwardville* County *Anne Arundel* MARYLAND  
 Died at *1906* Month *Jan* Day *2* Y. *80* M. *80* D. *80* Native of *Maryland* Occupation *House-keeper*  
 Date *1906* Age *80* *Maryland* *House-keeper*  
~~Male~~ *Female* ~~White~~ *Colored* Married ~~Single~~ *Single* Widow ~~Widower~~ Divorced *Widow* Number of children living *One*  
 Husband of *Charles Queen*  
 Wife *Charles Queen*  
 Father's Name *Unknown* Mother's Name *Unknown*  
 Cause of Death { Primary *Heart Failure* Immediate *and Dropsy* How long sick *Several months* Accident, Suicide, Homicide  
 Reported by *Sam'l H. Anderson, M.D.*  
 Address *Hoodwardville, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



3



Name  
in  
Full

Theodore Queen

CERTIFICATE OF DEATH

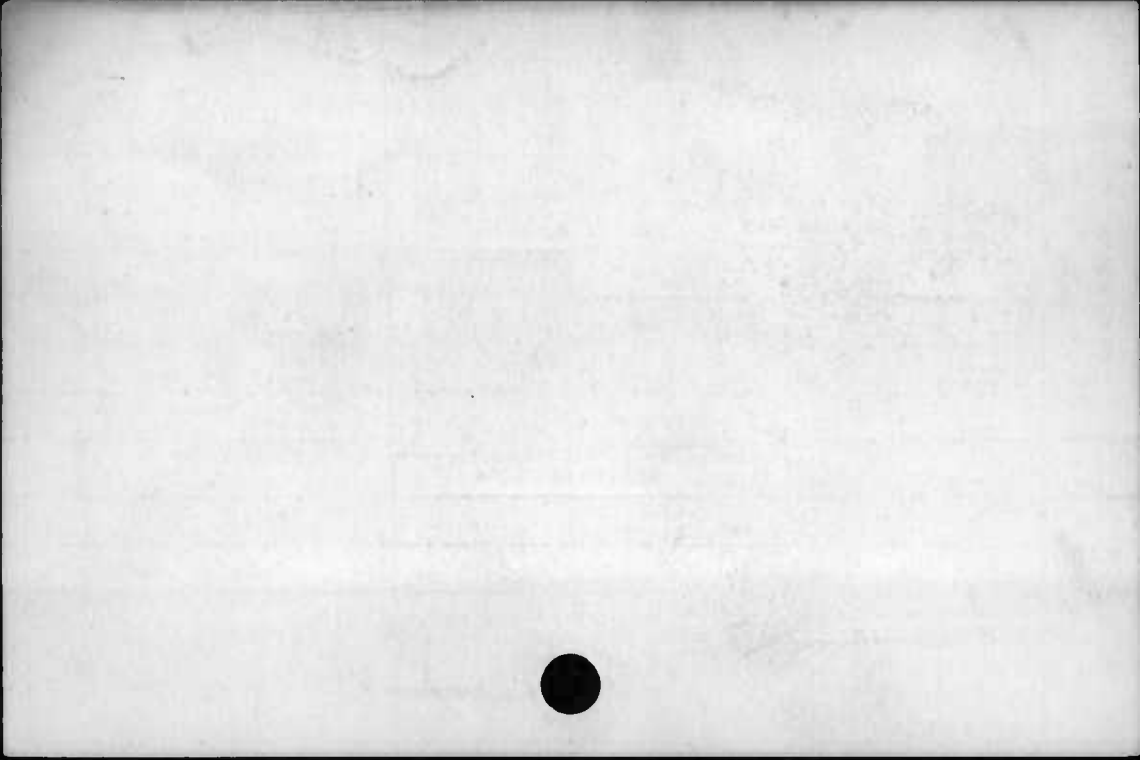
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		County <u>Ad</u>		MARYLAND	
Date of death	1906	Month	Jan	Day	23 <sup>rd</sup>
Age		Years		Months	8
Sex	Male	Color or Race	col -	Birth-place	Annapolis
Occupation			Where Residing if not at place of death <u>27 Washington St.</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Crawford G. P. Pherson		Father's Birthplace	Annapolis	
Mother's Maiden Name	Lilisa Queen		Mother's Birthplace	"	
Name of person giving information	Reechal Queen		How related to deceased	Grandma	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Dementia</u>	How long	(17)
Immediate	<u>Meningitis</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout, M.D.
		Address	Annapolis Md
Accident or Suicide?			



Name  
in  
Full

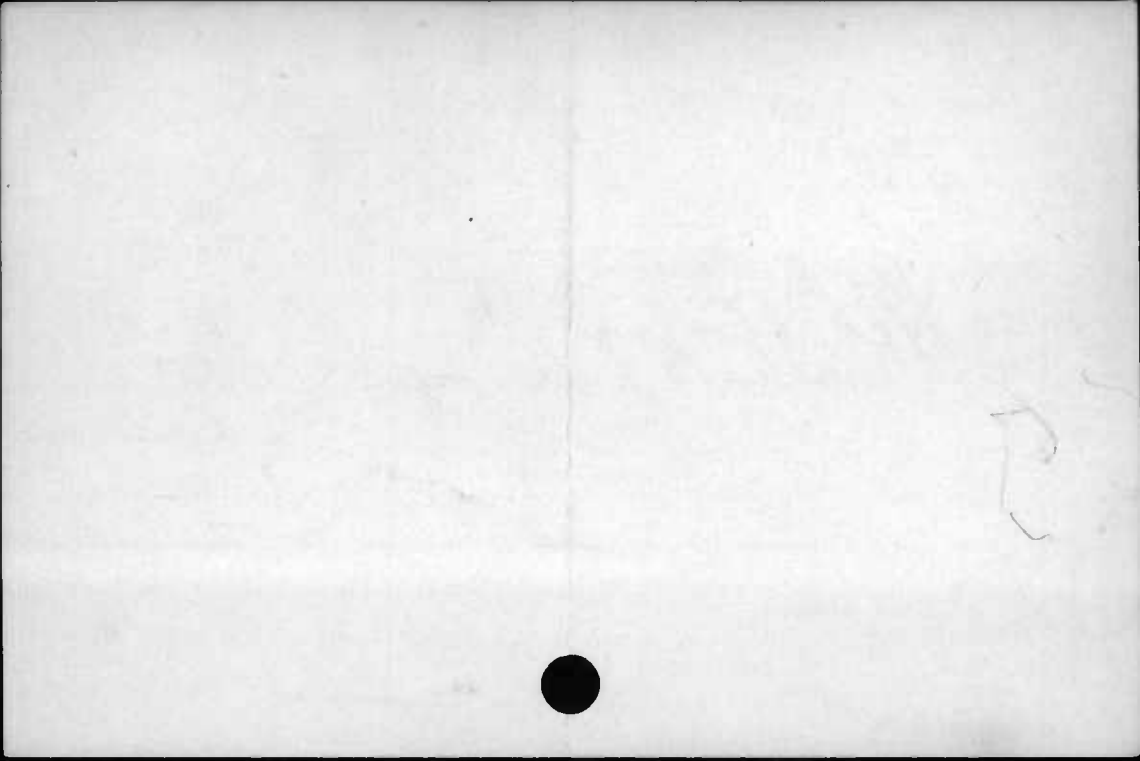
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arming</i>		Town		County		Anne Arundel		MARYLAND	
Date of death	190	Month	Jan	Day	1	Age	34	Years	Months
Sex	male	Color or Race	white	Birth-place			Baltimore Md		
Occupation				Where Residing if not at place of death					
Laborer									
Married, Single or Widowed				Name of Wife or Husband					
married				Jane Sewall					
Father's Name				Father's Birthplace					
Not Known				Germany					
Mother's Maiden Name				Mother's Birthplace					
Not Known				Germany					
Name of person giving information				How related to deceased					
M. V. Dunlap				no relation					

## CAUSES OF DEATH

Primary	How long
Immediate	How long
accidental Drowning	half hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	M. V. Dunlap
	Address
	Arming Md.
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

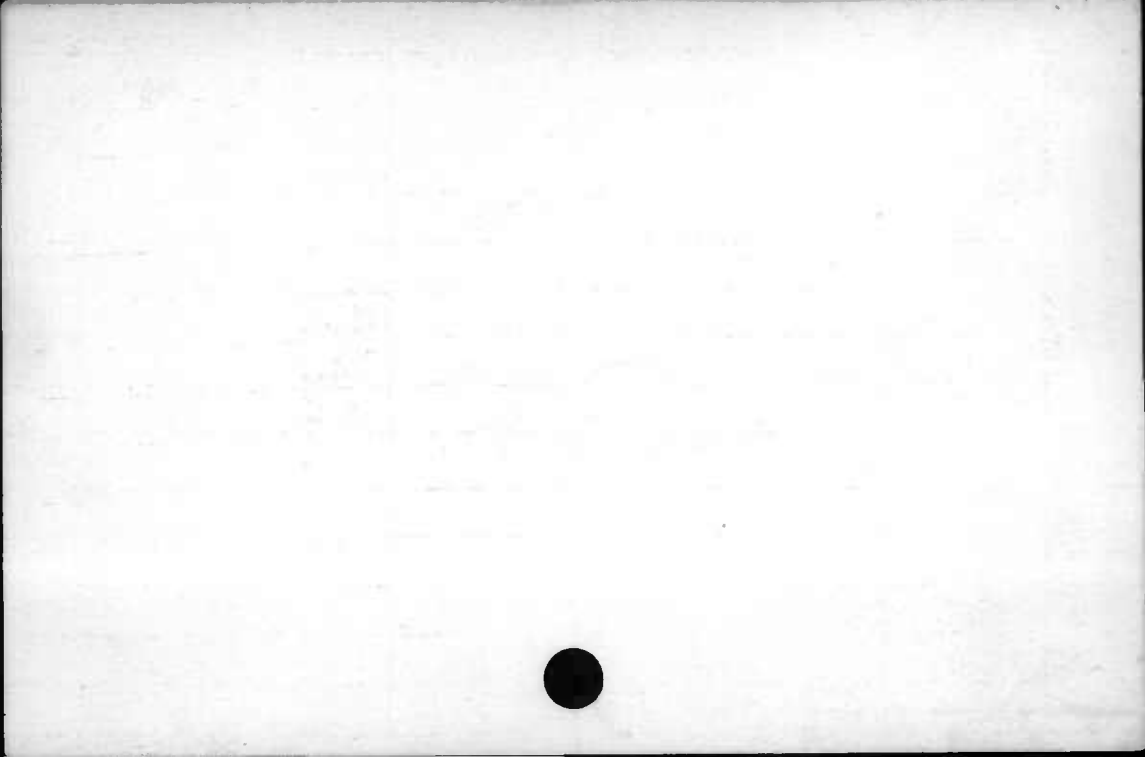
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George W. Shaper</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>July</i>		Day <i>20</i>		Years <i>66</i>	
Date of death <i>1906</i>		Months <i>←</i>		Days <i>←</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Clunk</i>		Where Residing if not at place of death <i>Annapolis</i>					
Married, Single or Widowed <i>Mar</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lee Shaper</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mutha B. Sweetman</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Natie Shaper</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 year</i>
Immediate <i>Dropsy &amp; exhaustion</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>S. S. Hephner</i>
	Address <i>Annapolis</i>
Accident or Suicide?	<i>Ind.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

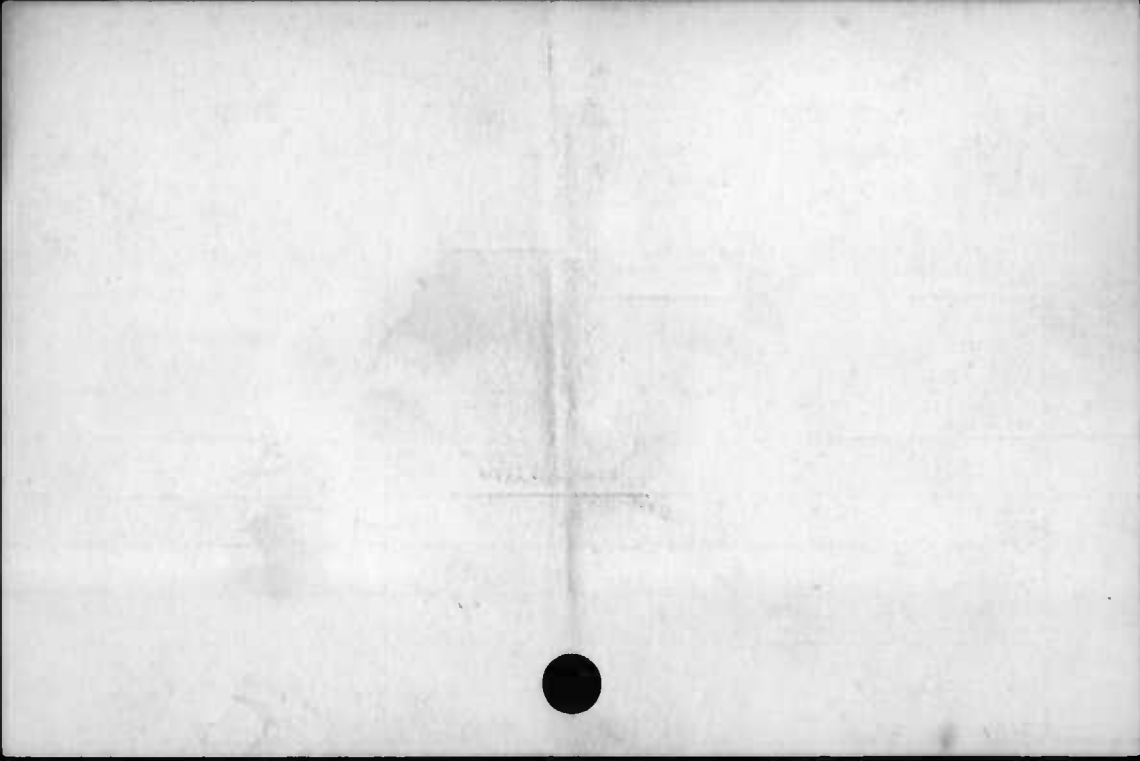
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <i>Ann</i> <i>Arundel</i> <i>MARYLAND</i>	
Date of death <i>1906</i> <i>January</i> <i>11</i> <i>about 5:30</i>	Age <i>about 55</i>
Sex <i>Male</i> Color or Race <i>Colored</i> Birthplace <i>D.C.</i>	Where Residing if not at place of death <i>West St.</i>
Occupation <i>Laborn</i>	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Mamie Sharp</i>	
Father's Name <i>John Sharp</i> Father's Birthplace <i>D.C.</i>	
Mother's Maiden Name <i>Brown</i> Mother's Birthplace <i>D.C.</i>	
Name of person giving information <i>Delora Brown</i> How related to deceased <i>Friend</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i> <i>(64)</i>	How long <i>Four days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

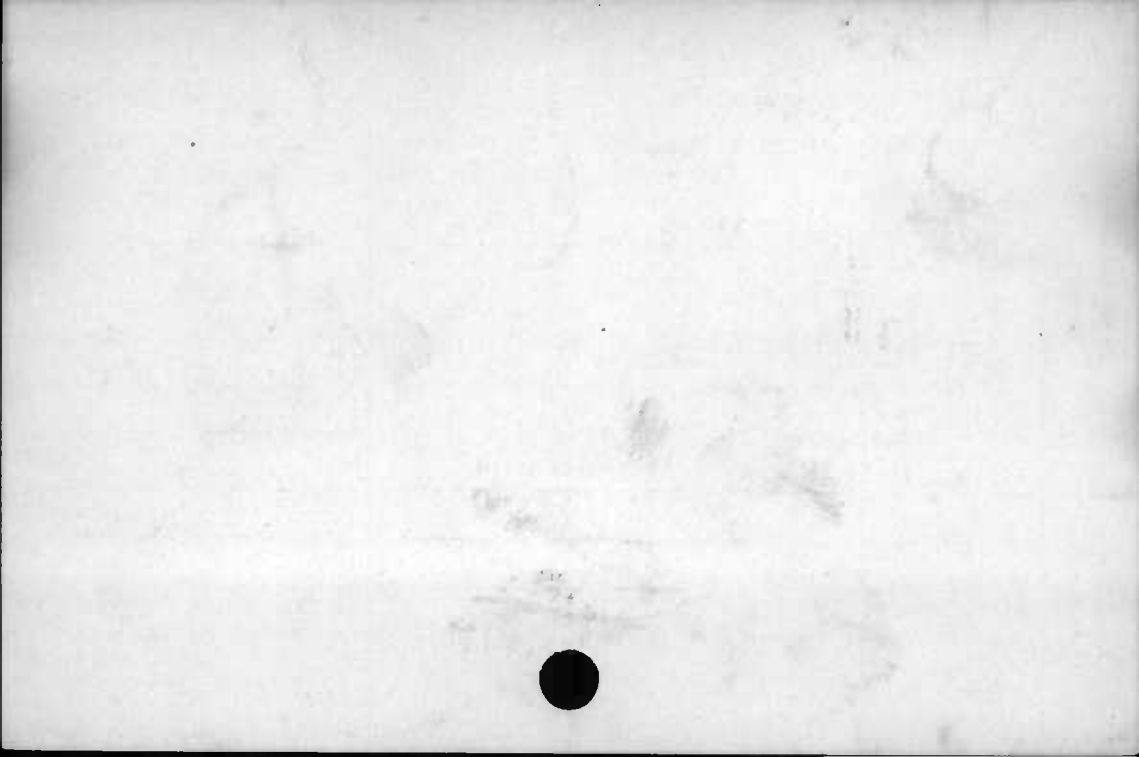
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1906		Jan		2nd		30	
Sex		Color or Race		Birth place			
Male		Colored		At Abo			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Daniel Simon		At Abo					
Mother's Maiden Name		Mother's Birthplace					
Mary E Butler		At Abo					
Name of person giving information		How related to deceased					
Father		30					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
congenital Louis	Since Birth
Immediate	How long
Exhaustion	Gradual
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	John Ridout, M.D.
	Address
	Annapolis, Md.
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

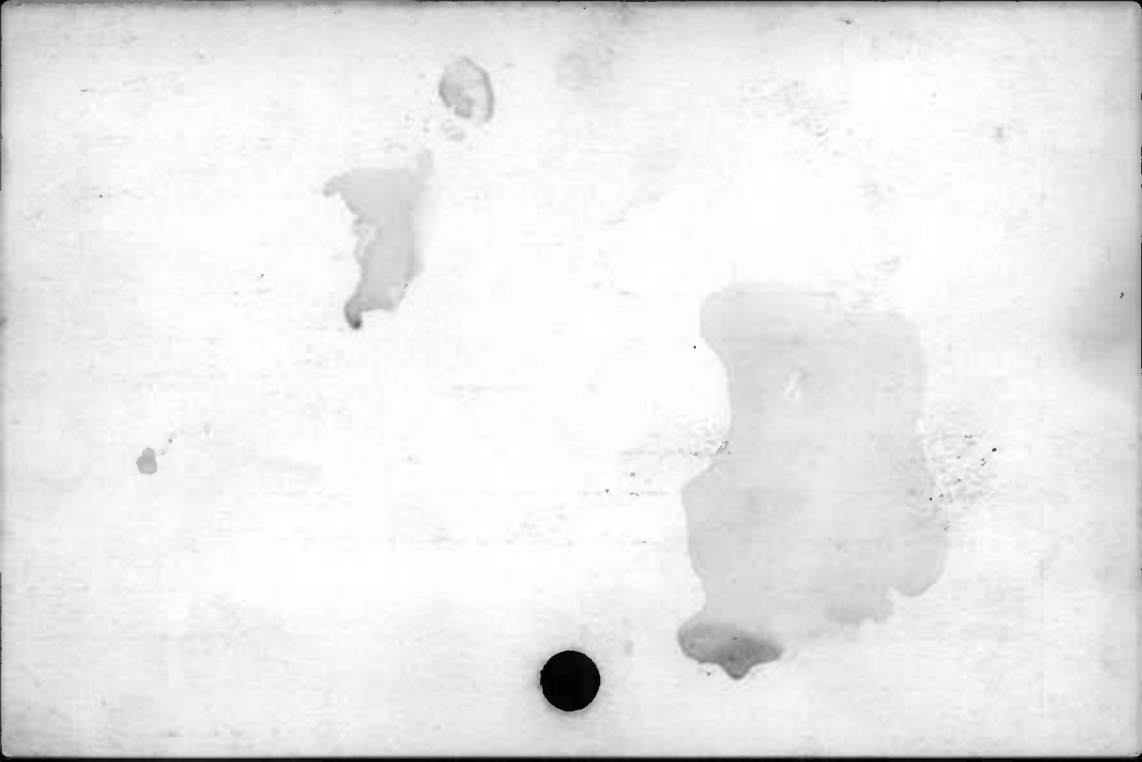
MARYLAND

Died at <i>Amnapolis</i> Town <i>Wm. Simpson</i>		County <i>St.</i>	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>18th</i>	Age <i>58</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birthplace <i>Amnapolis</i>	Months <i>10</i>
Occupation <i>Cryst. Dealer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Annie Johnson</i>		How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>Months</i>
Immediate <i>+ cirrhosis of the liver</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout, M.D.</i>
<i>yes</i>	Address <i>Amnapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Annapolis*

County

*a. a.*

Date

of death

*1906*

Month

*Jan*

Day

*13*

Age

Years

*—*

Months

*—*

Days

*2*

Sex

*Male*Color or  
Race*White*Birth-  
place*Annapolis*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Chas B. Smith*Father's  
Birthplace*A A Co, Md*Mother's  
Maiden Name*Eugie Sears*Mother's  
Birthplace*" " " "*Name of person giving  
In formation*Louis A Smith*How related  
to deceased*Grand Father*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

How long

*1 day*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*J J Murphy*

Accident or Suicide?

*✓*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Louise Stevens* Town *St. Margarets P.O.* County *a a*

Died at *St. Margarets P.O.* *a a* **MARYLAND**

Date of death *1906* Month *Jan.* Day *27* Age *5-3* Months Days

Sex *Female* Color or Race *Colored* Birth-place *A.A. Co.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Delby Stevens* Mother's Birthplace \_\_\_\_\_

Name of person giving information *George Stevens* How related to deceased *Son.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility* *179* How long \_\_\_\_\_

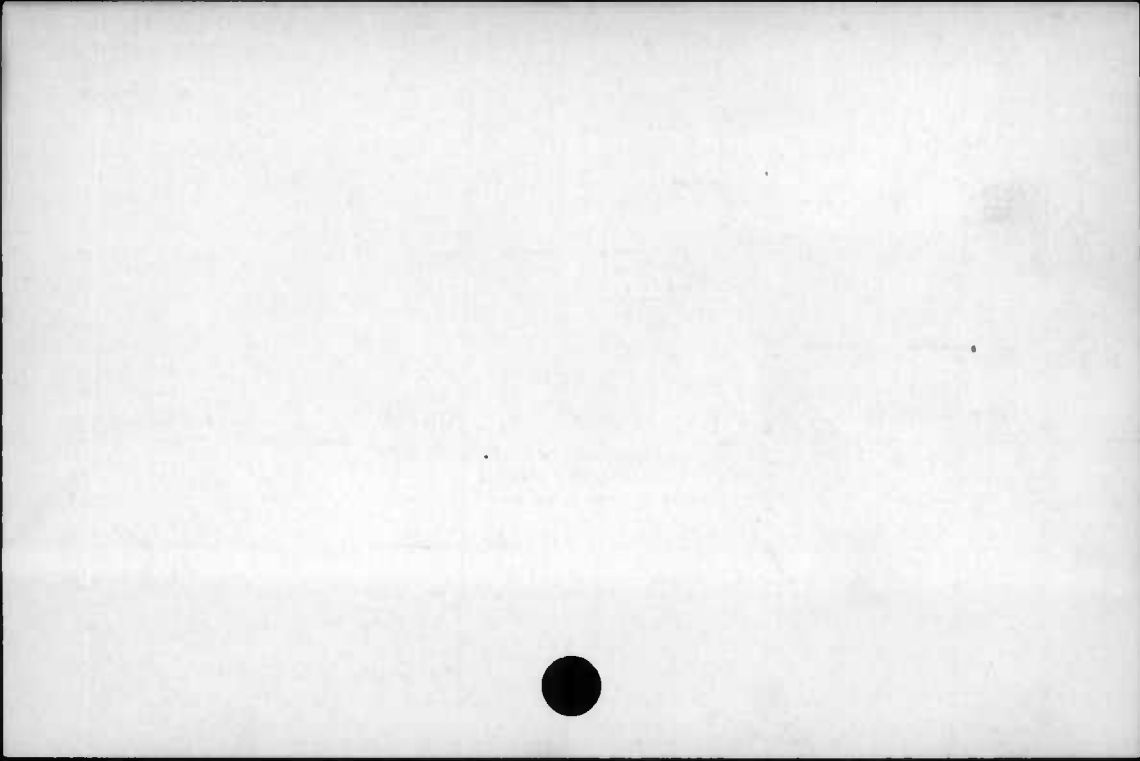
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician *J. D. Kidnet M.D.*

Address *St. Margarets P.O.*

Accident or Suicide? \_\_\_\_\_



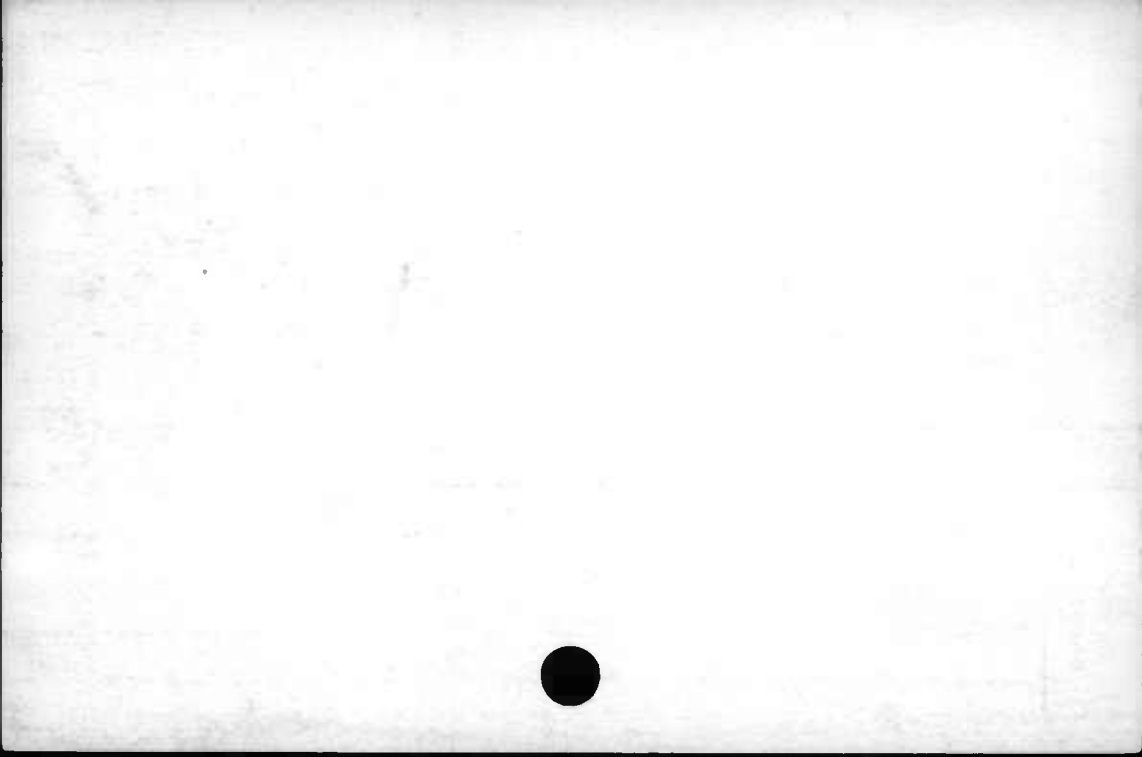


# CERTIFICATE OF DEATH

Died at <i>Mary Haiman</i>		Town <i>Ann Arundel</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>13</i>	Age	Years	Months <i>8</i>
Sex <i>Female</i>		Color or Race <i>Yellow</i>		Birth-place <i>Ann Arundel Co Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Milton Taylor</i>			Father's Birthplace <i>Ann Arundel Co</i>		
Mother's Maiden Name <i>Nora Isabella Gambrell</i>			Mother's Birthplace <i>Ann Arundel Co Md</i>		
Name of person giving Information <i>Nora Isabella Gambrell</i>			How related to deceased <i>Mother</i>		

### CAUSES OF DEATH

Primary	Pleurisy	How long	4 days
Immediate	Suppuration	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. R. Winters
		Address	Hanover Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

William Theodore Troubridge

MARYLAND

Died at <u>Eastport</u> <sup>Town</sup>		<u>A. C.</u> <sup>County</sup>			
Date of death	1906	Month	Jan'y.	Day	18
Age		Years		Months	Days
Sex		Male		Color or Race	White
Birth-place		Eastport Md.			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Theodore P. Troubridge		
Father's Birthplace			Greenwich, Ct.		
Mother's Maiden Name			Florence E. Etherington		
Mother's Birthplace			Cecilston, Md.		
Name of person giving information			T. P. Troubridge		
How related to deceased			Father		

## CAUSES OF DEATH

Primary	Gastro-Enteritis	How long	1 week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm S Welch	
Address		Gunnasport's	
Accident or Suicide?			

1111

1111

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

1906

Jan 12

Wed

Age

3

Sex

Female

Color or Race

Caucasian

Birthplace

Germany

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Henry J. Burns

Father's Birthplace

Germany

Mother's Maiden Name

Elizabeth Burns

Mother's Birthplace

Germany

Name of person giving information

Burns - Dr. J. H. Burns

How related to deceased

CAUSES OF DEATH

Primary

Burns - Dr. J. H. Burns

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. H. Burns

Address

Burns - Dr. J. H. Burns

Burns

Burns

Accident

Yes

mhp

